



U.S. Department
of Transportation
**Federal Aviation
Administration**

Memorandum

Subject: INFORMATION: Standard Operating
Procedures

Date: MAR 19 1992

From: Associate Administrator for
NAS Development, AND-1

Reply to
Attn. of: Randall: x79865

To: AND Employees

This memorandum transmits the Standard Operating Procedures (SOP) guide for the Office of the Associate Administrator for NAS Development (AND).

This SOP guide is a set of guidelines that will familiarize everyone with the proper way to access the services available to us. The items with an asterisk beside them in the table of contents are guidance that is useful to all employees. This is not a concrete document and can be changed, added to, deleted from, or canceled, as appropriate. Please feel free to provide your comments regarding the SOP's to Kathy Randall, AND-20.

Each AND employee should receive a copy of this document for their use. Additional copies can be ordered from M443.2 by using FAA Form 1720-11, FAA Publications Request, for new employees or contractors. I personally encourage you to use this guide and to consider it as a tool in the achievement of your tasks.



John E. Turner

Attachments



U.S. Department
of Transportation
**Federal Aviation
Administration**

AND-92-01

Office of The
Associate Administrator
for NAS Development
(AND)
Standard Operating
Procedures (SOP)



March 1992

Prepared By
AND-20

OFFICE OF THE ASSOCIATE ADMINISTRATOR
FOR NAS DEVELOPMENT

Standard Operating Procedures
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* Information that is useful to all employees.

**STANDARD OPERATING PROCEDURE
REQUESTS FOR OATS EQUIPMENT WITHIN THE NAS**

Organizations within AND are required to submit requests for OATS equipment to the Manager, Information Resource Management, APM-120. The following procedures shall be followed when submitting requests to APM-120 for OATS equipment:

1. Requests should be submitted by memorandum and signed by the Associate Program Manager or above.
2. Requests for OATS equipment should be coordinated with your office's ADP coordinator. A list of all coordinators is attached.
3. Appropriation codes must be included on requests and codes should be validated by AND-10 before being submitted to APM-120.
4. APM-120 will prepare the purchase request in the System Acquisition Management (SAM) system based on requests submitted by originating offices. The purchase request will then be approved by the Manager, Information Resource Management, APM-120, and returned to the originating office for approval within that office. After approval by the originating office, the purchase request will be returned to APM-120 for further processing.

Please contact Dottie Lukinic, APM-120, 77937, if you have any questions.

Attachment

AXD/AXQ OFFICE AUTOMATION COORDINATORS AS OF 6/27/91

<u>Office</u>	<u>Name</u>	<u>Phone Number</u>
AAP	Gloria Richmond	393-6459
AXQ	Ray Decerchio	267-3095
AFE	Dana Krupa	267-7929
ANA	Sal Roditi	267-9852
ANC	Sophia Aldridge	646-4975
AND	Brenda Brooks	267-9857
ANN	George Quinn	267-6502
ANR	Charlie Sloan	606-4631
ANW	Duane Neiner	267-8661
AOR	John Sullivan	267-7571
APM-200	Ed Harris	267-9724
APM-300	Ed Camacho	267-9591
ARD	Joyce Gillen	267-8862
ASE	Jim Lenz	646-5979
ASD-30	Linda Springer	366-6608

STANDARD OPERATING PROCEDURE
ATTENDANCE AND DELIVERY OF PAPERS AT EXTERNAL NATIONAL MEETINGS

This SOP is to establish procedures for attending and presenting papers at external national meetings (outside of FAA).

All externally-sponsored meetings involving travel must receive approval of the program director. All internally-sponsored meetings involving five or more individuals must receive the same approval. Also, the sponsoring organization is responsible for obtaining approval of all agency employees who will be in travel status while attending FAA-sponsored meetings.

In accordance with Order 1200.8C, Public Information Activities and Programs, each employee who proposes to deliver a speech or technical paper shall submit material to the program director, for approval, as well as AND-1. After the final material has been approved by your program director, the material shall be sent to the Office of Public Affairs for policy review. All final material must be submitted to the Office of Public Affairs (APA) at least 5 workdays prior to the scheduled presentation.

Requests for clearance approvals may be made in informal letter form, but it is suggested that FAA Form 1300-2, Clearance Record, be used (see attached sample).

The following information must accompany the speech or technical paper:

1. Name of the sponsoring organization.
2. Purpose of meeting.
3. Date, time, and place of the meeting.

Presentations to be made before an international audience other than by personnel of the Europe, Africa, and Middle East Office, in addition to clearance by APA, are also to be cleared by the International Staff, ASD-20, and the Office of International Aviation (AIA).

Examples of the type of speech or paper requiring such clearances are:

1. Future programs.
2. Anticipated budgets.
3. Proposed rulemaking.
4. Systems evaluations.

5. Other subjects of a policy nature.

Examples of the type of speech or paper excluded from the general requirement for clearance are: (1) speeches in which employees describe their particular job or facility, and (2) speeches and papers that merely describe the basic responsibility or routine, non-research activities of the agency.

In the event that an employee who is not in a position to speak on behalf of the FAA deviates from approved material, makes an extemporaneous speech, or offers unprepared comments on matters of a policy nature, the employee must submit a resume of what was said to APA, or in case of the Europe, Africa, and Middle East Office, to the head of the office as soon as practicable. If an employee attending a meeting in an unofficial capacity is called upon to make remarks or offer comments about FAA-related activities, the employee must preface such remarks with a statement that the views and comments do not necessarily reflect the policy of the FAA.

External meetings and events include conferences, conventions, seminars, air shows, and fly-ins sponsored by outside organizations. Examples of the types of meetings or events excluded from the provisions of Order 1200.8C, chapter 13 are:

1. Meetings that are being held for the primary purpose of discussing matters relative to the conduct of routine, day-to-day agency business, e.g., meetings of FAA-industry and interagency technical working groups.
2. Events in which FAA participation is in the form of providing technical support, such as mobile air traffic control services at fly-ins.
3. Events that employees attend in a non-official, non-duty status.

The Program Directors will approve the attendance by employees of the organizational elements under their direction.

Attachment

CLEARANCE RECORD (See Instructions on Reverse)				KIND OF DOCUMENT Speech/Paper		IDENTIFICATION (If any)			
SUBJECT Proposed Speech: "The NAS Plan" Airways Engineering Society Meeting				PERSON MOST FAMILIAR WITH ATTACHED					
				NAME Jack Lowe		ROUTING SYMBOL ANR-210		TELEPHONE 267-8354	
REASON FOR ATTACHED WHAT DOES IT DO? (Continue on reverse)									
Airway Engineering Society Annual Meeting January 14, 1985 Sheraton-Belvedere Hotel Philadelphia, PA									
PROPOSED DISTRIBUTION (Spell out - Do not use code)									
ORIGINATING OFFICE CLEARANCE									
ROUTING SYMBOL	INIT	ROUTING SYMBOL	DATE	SIGNATURE AND ROUTING SYMBOL		DATE	OFFICE FORMS APPROVAL		OFFICE REPORTS APPROVAL
ANR-1		ANR-200		/s/ (Program Director Signature)					
CLEARANCE ROUTING							DEADLINE DATE		
ROUTING SYMBOL	INTERNAL CLEARANCE			SIGNATURE AND ROUTING SYMBOL	DATE	CONCUR Substance & Distribution		NON-CONCUR Comment Attached	COMMENT ACCEPTED CHANGES MADE
	INIT	ROUTING SYMBOL	DATE			No Comment	Comment Attached		
				(If speech/paper is given to International audience, coordinate with <u>ARD-4</u> and <u>AIA-1</u>)					
APA-1	FINAL ADMINISTRATIVE CLEARANCE			/s/					
AND-1	FINAL APPROVAL (Authorizing Release)			/s/	DATE APPROVED				
AFTER APPROVAL SEND TO:									

STANDARD OPERATING PROCEDURE
CASH AWARDS

This SOP is to establish standard operating procedures governing the process of cash awards for special acts or service.

It is the policy of AND to continue the use of the cash awards program to recognize employee contributions. The use of awards is an important element in human resource management. All monetary awards are dependent upon availability of funds.

Managers will discuss proposed awards with the approving official(s) and determine the availability of funds. He/she will prepare the appropriate documentation memorandum (samples attached), SF-52, and the award certificate and forward to the approving official through the program director level program analyst to the Incentive Awards Coordinator, AND-20. PLEASE NOTE THAT THE RECOMMENDING OFFICIAL AND THE APPROVING OFFICIAL CANNOT BE THE SAME PERSON.

To ensure instant recognition, a manager has the option to present an employee with an On-the-Spot Award using FAA Form 3450-19, Promissory Certificate, and the employee will receive the money in their next check, or the manager can present cash for the on-the-spot award up to \$200. If cash is presented with funds from the imprest cashier, taxes will be deducted from the employee's next check. Refer to Order 3450.7, Incentive Awards Program, or AND-20, for guidance. Attached is a listing of DOT/FAA awards with the signature approval levels required and the dollars amount of cash awards for your use. Nonmonetary awards are also included in this listing.

Also attached for your use and information is specific guidance for the On-the-Spot and the Superior Accomplishment Awards with samples of how the SF-52's should be completed.

The recipient employee is not to be advised of the award until the award presentation. The sponsoring organization will arrange the appropriate presentation ceremony.

Attachments

ON-THE-SPOT AWARD

ON-THE-SPOT AWARDS are a form of a superior accomplishment award which may be granted "on-the-spot" to an individual employee by a supervisor to provide immediate recognition for an exemplary contribution related to official employment.

ELIGIBILITY - The eligibility requirements described for a superior accomplishment award apply to on-the-spot awards, except that only individuals, not groups, are eligible and no employee may receive more than two on-the-spot awards in any 12-month period.

AMOUNT OF AWARD - The amount of the cash award will be determined by the granting supervisor, and shall not be less than \$50 nor more than \$200, and is based on the intangible benefits award schedule cited in Order 3450.7E.

JUSTIFICATION - A brief but explicitly written justification (i.e., two or three sentences should be sufficient) on bond paper. If an award will be processed through the imprest fund, complete attachment 4.

APPROVAL AUTHORITY - The second-level supervisor for administrative and budgetary control.

PROCESSING - Unlike other superior accomplishment awards, on-the-spot awards do not require the prior review and certification of the incentive awards coordinator. (However, supervisors are encouraged to consult their Incentive Awards Coordinator if they are unsure of the appropriateness of the award in a given situation, or if they need to confirm if the employee has received two "On-The-Spot" awards during the last 12-month period.)

- o Before presenting the award, the supervisor is responsible for assuring that funds are available for the proposed award and obtaining second-level supervisory approval for the award. (This may be verbal approval if advance written documentation would delay the presentation.)
- o After presentation of the award, the analyst will forward three copies of the justification along with the original and three copies of the SF-52 to the Incentive Awards Coordinator, AND-20. The AND-20 Incentive Awards Coordinator will give AND-10 a copy of the SF-52.
- o If the on-the-spot award is paid through the imprest fund you must obtain AHR-140 signature before taking the award to the imprest cashier.

- o After receiving the package, the Incentive Awards Coordinator will process the necessary paperwork through the personnel office, AHR-140.
- o Cash awards are effected through the payroll system and will be included in the employee salary check.

NOTE: If an on-the-spot award will be processed through the imprest fund they should be processed by the first week in November to avoid changes in W-2 forms.

REQUEST FOR PERSONNEL ACTION

Attachment 2

PART A—Requesting Office (Also complete Part B. Items 1, 7-22, 32, 33, 36 and 39.)	
1. Actions Requested Type of Award	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Incentive Awards Coordinator	4. Proposed Effective Date Date Awd App
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Award Recommended by (First Level Supervisor)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Award Recommended by (Second Level Supervisor)

PART B—For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)											
1. Name (Last, First, Middle) XXXXXXXX	2. Social Security Number XXX-XX-XXXX	3. Date of Birth	4. Effective Date								
First Action		Second Action									
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action								
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number		15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Salary/Award \$XXX.XX	21. Pay Basis
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					

Employee Data											
23. Veterans Preference 1—None 3—10 Pt. Disab. 5—10 Pt. Other 2—5 Pt. 4—10 Pt. Comp. 6—10 Pt./30% Comp.				24. Tenure 0—None 2—Conditional 1—Permanent 3—Indefinite				25. Agency Use		26. Veterans Preference for RIF YES NO	
27. FEGLI				28. Annuitant Indicator 1—Reempl Ann-CS 3—RETM 5—RETM & CS 2—RETO 4—RETO & CS 9—Not Applicable				29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule I—Intermittent J—INT Seasonal F—Full-time G—FT Seasonal H—FT On Call P—Part-time O—PT Seasonal R—PT On Call		33. Part-Time Hours Per Biweekly Pay Period			
Position Data											
34. Position Occupied 1—Competitive Service 3—SES General 2—Excepted Service 4—SES Career Reserved				35. FLSA Category E—Exempt N—Nonexempt		36. Appropriation Code XXX.X/XXXX/XXX/XXXX				37. Bargaining Unit Status	
38. Duty Station Code				39. Duty Station (City—County—State or Overseas Location)							

40. Agency Data		41.	42.	43.	44.		
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1—USA 8—Other	50. Vietnam Era Vet V—Yes N—No	51. Supervisory Status

PART C—Reviews and Approval (Not to be used by requesting office.)					
1. Office/Function		Initials/Signature		Date	
A.					
B.					
C.					
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

REQUEST FOR PERSONNEL ACTION
PAID THROUGH IMPREST

PART A—Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested Type of Award		2. Request Number
3. For Additional Information Call (Name and Telephone Number) Incentive Awards Coordinator		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Award Recommended by (First Level Supervisor)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Award Recommended by (Second Level Supervisor)	

PART B—For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) XXXXX, XXXXXXXX		2. Social Security Number XXX-XX-XXXX	3. Date of Birth	4. Effective Date							
First Action		Second Action									
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action								
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number		15. TO: Position Title and Number To be completed by office									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code XXX	18. Grade or Level XXX	19. Step or Rate	20. Salary/Award \$XXX.XX	21. Pay Basis
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization To be completed by office					

Employee Data

23. Veterans Preference 1—None 3—10 Pt. Disab 5—10 Pt. Other 2—5 Pt. 4—10 Pt. Comp. 6—10 Pt./30% Comp.		24. Tenure 0—None 2—Conditional 1—Permanent 3—Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI		28. Annuitant Indicator 1—Reempl Ann-CS 3—RETM 5—RETM & CS 2—RETO 4—RETO & CS 9—Not Applicable	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F—Full-time I—Intermittent J—INT Seasonal P—Part-time G—FT Seasonal H—FT On Call Q—PT Seasonal R—PT On Call	33. Part-Time Hours Per Biweekly Pay Period	

Position Data

34. Position Occupied 1—Competitive Service 3—SES General 2—Exempted Service 4—SES Career Reserved		35. FLSA Category E—Exempt N—Nonexempt	36. Appropriation Code XXX.X/XXXX/XXX/XXXX	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City—County—State or Overseas Location)		

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1—USA 8—Other	50. Vietnam Era Vet V—Yes N—No	51. Supervisory Status

PART C—Reviews and Approval (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE



U.S. Department
of Transportation
**Federal Aviation
Administration**

Memorandum

Subject: ACTION: On-the-Spot Cash Awards

Date:

From: Supervisor

Reply to
Attn. of:

To: Imprest Fund Cashier, FOB-10A

This certifies that the employee whose name appears below is authorized an on-the-spot cash award payment in the amount of \$_____. This award is for

The specific authority to use imprest funds for emergency or partial salary payments to Department of Transportation employees is contained in Department of Treasury letter dated April 26, 1985.

Employee Name/Routing Symbol: _____

Social Security Number: _____

Accounting Classification: _____

Office Telephone: _____

Supervisor's signature: _____

Approval 2nd level: _____

Approved: _____

Incentive Awards Officer, AHR-140

Cash Payment Received:

Supervisor's signature/date: _____

Amount:

SUPERIOR ACCOMPLISHMENT AWARDS

SUPERIOR ACCOMPLISHMENT AWARDS are cash or honorary awards that may be granted as honorary recognition for special acts or services related to official employment.

ELIGIBILITY FOR AWARDS - Awards authorized by Federal regulations and Order 3450.7E may be granted to employees of the FAA, to former employees, or to the legal heirs or estates of deceased employees. Recommendations for awards to former employees for contributions made during the employees employment with the FAA must be submitted no later than 6 months after an employees separation or death. Summer, stay-in-school, and co-op employees are eligible if contributions can be based on the tangible and intangible schedules in paragraph 32, page 31 of Order 3450.7E. Military personnel on active duty with the agency can be granted cash awards for scientific achievements. All award recommendations must be submitted to the Incentive Awards Officer within 6 months after completion of the employee contribution on which the recommendation is based. There is no limit to the number of superior accomplishment awards, that may be granted to an individual or group of employees.

JUSTIFICATION - The supervisor prepares a brief but explicitly written justification not to exceed one page, describing the superior accomplishment performed by the employee or group of employees. Justification must include the recommended amount of the award along with the description of the tangible and/or intangible benefits derived from the contribution. See Order 3450.7E for the tangible/intangible awards table. The amount of an award is calculated based on benefits derived.

APPROVAL AUTHORITY -

- (1) The President - \$25,001+ for individuals and groups. Awards for this sum must be sent through the Career Systems Division, AHD-200, for review by the Administrator, the Secretary, and the Director, OPM.
- (2) Director, OPM - \$10,001 to \$25,000 for individuals and groups. Awards for this sum must be sent through AHD-200 for review by the Administrator and the Secretary.
- (3) The Deputy Secretary of Transportation - \$5,001 to 10,000 for individuals and groups. Awards for this sum must be sent through AHD-200 for review by the Administrator.
- (4) The Administrator or Deputy Administrator - \$3,001 to \$5,000 for individuals. He/she may approve cash awards in any lesser amount. They may initiate and approve individual and group awards for their immediate employees

up to \$5,000. Recommendations for such awards should be sent through AHD-200, for technical review prior to final review and approval by the Administrator or Deputy Administrator.

- (5) Associate Administrator - \$2,001 to \$3,000 for individuals and \$3,001 to \$5,000 for groups. This approval authority cannot be redelegated. The same officials may also initiate and approve individual cash awards up to \$3,000 and group cash awards up to \$5,000 for their immediate employees. However, if any individual in a group award is to receive over \$3,000, the approval requirements described in subparagraph (4) apply to that group.
- (6) The Program Director - \$50 to \$2,000 for individuals, and up to \$3,000 for groups. If any individual in a group award nomination is to receive more than \$2,000, the approval requirements described in subparagraph (5) apply to that group.

PROCEDURES - AND-10 should be consulted for certification of funds before paperwork is prepared for an award. The original completed SF-52, a completed certificate, and justification are required to process the award. Forward the completed package through your program director-level analyst for review and they will submit the package to the Incentive Awards Coordinator, AND-20. After the AND-20 review, the award is then submitted to the approving official. After approval, the package is returned to the program director-level analyst who will make the necessary copies for processing. The analyst will forward the package to AND-20 for final processing. The cash will be included in the employee's salary check within 30 days.

SAMPLE NOMINATION FORMAT FOR SUPERIOR
ACCOMPLISHMENT AWARD
(Memorandum Form)

Superior Accomplishment Award

Recommending Official

Approving Official

NAME OF EMPLOYEE:
PRESENT TITLE, SERIES, GRADE:
SOCIAL SECURITY NUMBER:
DATE/PERIOD OF CONTRIBUTION:

GENERAL DESCRIPTION OF DUTIES:

JUSTIFICATION FOR AWARD: (Describe in one page or less the special act or service or superior accomplishment that serves as the basis for the award. If the award is based on a suggestion or invention, refer to the attached case file in lieu of this justification. The basis for the award can be a nonrecurring contribution either within or outside of job responsibilities, but the contribution must not have been recognized by a performance appraisal-related award under the PMS, PMRS, or SES performance appraisal systems.)

AWARD AMOUNT: (Calculate the tangible and/or intangible benefits resulting from the above contribution and determine the resulting cash award in accordance with Order 3450.7E, paragraph 32. Show here how the award amount was derived and clearly state whether the benefits are tangible and/or intangible.)

Approving Official (Date)

Program Director's Analyst (Date)

Incentive Awards Coordinator (Date)

SUMMARY OF FREQUENTLY GIVEN AWARDS

<u>TYPES OF AWARDS</u> OFFICIAL LETTERS OF COMMENDATION	<u>SIGNATURE APPROVAL</u> IMMEDIATE SUPERVISOR	<u>LIMITATION OF DOLLARS</u> No dollar amount	<u>REFERENCE</u> ORDER 3450.7E
<u>LETTERS OF APPRECIATION</u>			
ANY SUPERVISOR	ANY SUPERVISOR	No dollar amount	"
<u>TIME OFF AWARD</u>			
ON-THE -SPOT	SECOND LEVEL SUPERVISOR	Not available yet	"
SUPERIOR ACHIEVEMENT	THE PROGRAM DIRECTOR	\$50 to \$200 (Individuals not groups)	"
SUPERIOR ACHIEVEMENT	ASSOCIATE ADMINISTRATOR	\$201 to \$2,000 (individuals) & \$2,001 to \$3,000 (groups)	"
QUALITY WITHIN GRADE	SECOND LEVEL SUPERVISOR	\$2,001 to \$3,000 (individuals) & \$3,001 to \$5,000 (groups)	"
UNUSUALLY OUTSTANDING PERFORMANCE AWARD	ASSOCIATE ADMINISTRATOR THE ADMINISTRATOR	Must receive an outstanding performance appraisal and it must be presented at the time of the appraisal (GS employees)	"
<u>SECRETARY AWARDS</u>			
FOR OUTSTANDING ACHIEVEMENT	THE ADMINISTRATOR	Less than 8% base pay	"
FOR MERITORIOUS ACHIEVEMENT	THE ADMINISTRATOR	more than 8% base pay	"
FOR VALOR	THE ADMINISTRATOR		"
FOR ACHIEVEMENT IN EEO	THE ADMINISTRATOR	no dollar amount (gold medal, lapel rosette, and plaque)	"
FOR EXCELLENCE	THE ADMINISTRATOR	no dollar amount (silver medal, lapel rosette, and plaque)	"
FOR VOLUNTEER SERVICE	THE ADMINISTRATOR	no dollar amount (medal, lapel rosette, and engraved plaque)	"
FOR COMMUNITY SERVICE	THE ADMINISTRATOR	no dollar amount (engraved plaque)	"
WAY-TO-GO AWARD	ASSOCIATE ADMINISTRATOR	\$200 savings bond and engraved plaque	"
		no dollar amount (engraved plaque)	"
		no dollar amount (engraved plaque)	"
		no dollar amount (certificate)	ORDER 3450.34
<u>FAA AWARDS</u>			
FOR SUPERIOR ACHIEVEMENT	THE ADMINISTRATOR	no dollar amount (bronze medal, lapel rosette, and plaque)	ORDER 3450.7E
FOR DISTINGUISHED CAREER SERVICE	ASSOCIATE ADMINISTRATOR	no dollar amount (engraved plaque)	"
FOR CERTIFICATE OF ACHIEVEMENT	HEADS OF OFFICES AND SERVICES	no dollar amount	"
SUGGESTION OF THE YEAR AWARD	THE ADMINISTRATOR	no dollar amount (engraved plaque)	"
OUTSTANDING HANDICAPPED EMPLOYEE OF THE YEAR	THE ADMINISTRATOR	no dollar amount	"
<u>OTHER AWARDS</u>			
PRESIDENTIAL CASH AWARD	THE PRESIDENT	not to exceed \$10,000 (any employee)	"
PRESIDENTIAL RANK AWARDS	THE PRESIDENT	\$10,000 AND \$20,000 (SES)	"
PRESIDENTIAL LETTERS OF COMMENDATION	THE PRESIDENT	no dollar amount	"

STANDARD OPERATING PROCEDURE CORRESPONDENCE MAIL CONTROL

Incoming mail control for AND is the responsibility of AND-1. The FAA Correspondence Manual is used as a guide.

Action mail addressed to AND-1/2 is assigned a mail control number and action date as follows:

1. Routine Correspondence. Reply within 15 working days from date of receipt in the action office, unless a different due date is specified.
2. Freedom of Information Act (FOIA) Requests. Reply within 10 working days from date of receipt in the action office (for initial response). Must be handcarried. The office that has the action to respond to the FOIA request shall furnish a copy of the response to AND-20 with the total cost of preparing the response stated on the copy.
3. Privacy Act Requests. Reply within 10 working days from date of receipt in the action office.
4. Administrator's Correspondence. Reply within 10 working days of receipt in the action office, unless a different due date is specified. Rewrites must be returned within 4 hours.
5. Congressional Correspondence. Congressional correspondence usually comes through AOA-3 and they assign the mail control date and action office.

The action office is responsible for preparing an interim reply if they are unable to meet the mail control date set by AOA-3. Attached is a checklist that may be helpful. Rewrites must be returned within 4 hours.

Correspondence prepared for AND-1 signature and returned from AND must be reaccomplished within 24 hours. When mail that should be controlled in AND-1 is received in the office, it is up to the office secretary to give the mail to AND-1 for processing.

If a mail control cannot be met, it is the responsibility of the office secretary to contact AND-1 mail control to request an extension.

NOTE: Please do not wait until the day the reply is due to request an extension to a mail control. The office secretary should be kept abreast of what action items are in the office and check a few days ahead of time to see if the mail control date will be met. If not, an extension should be requested at that time.

CONGRESSIONAL CHECKLIST

- ☐ Inside Address Correct
Washington or District Office
- ☐ Committee/Subcommittee Chairman
- ☐ On "First Name List"
- ☐ Proper Opening & Closing Statements
- ☐ Correct Date of Incoming
- ☐ Response to Letter or Inquiry
- ☐ Special Mailing Instruction in
Body of Incoming Letter
- ☐ Proper Spelling of Constituent Name
- ☐ Proper Signature
- ☐ Control Number on all copies
- ☐ Run Spelling Verifier
- ☐ Proof entire letter in draft prior to
final printout
- ☐ Appropriate stationary
- ☐ CLEAR Copies for AAT-1 & AOA-3
- ☐ Envelope
 - o No Typos
 - o Attention Line
- ☐ PROUD OF IT!!

Signed: _____
 Typist

STANDARD OPERATING PROCEDURE DIRECTIVES MANAGEMENT

This SOP is to establish procedures for issuing directives in the AND complex.

The Directives Management Officer (DMO), AND-20, is the directives control point for all AND offices. Order 1320.1, FAA Directives System, is used as the principal guide in preparing directives. The GPO Style Manual is also used when appropriate.

Originators of directives are to select the subject classification number that best identifies the subject matter using Order 0000.1, FAA Standard Subject Classification System. The sequential, change, and supplement numbers are to be obtained by the DMO.

First, directives are coordinated internally; i.e., to those divisions/staffs interested within your office. After comments have been incorporated, it can then be coordinated with offices outside of your office. Approval for releasing draft directives for coordination outside of your office is limited to the program director or program manager. This level of clearance is for directors only. Associate Administrators should NEVER be a part of this level of clearance. It is the responsibility of the Office of Primary Interest (OPI) to assure that grammar, spelling, etc., are correct before the document leaves its office. Directives forms can be ordered from M443.2, Warehouse, by using FAA Form 1720-11, Publications Request. The directive package is to be assembled as follows:

1. FAA Form 1300-2, Clearance Record, prepared for the program director's/program manager signature for clearance routing.
2. Summary of Comments Not Adopted, if applicable. A summary of comments not adopted is prepared whenever comments are not accepted or are accepted in part.
3. Camera copy of directive typed on FAA Forms 1320.10 and 11 (ODD & EVEN pages) or on plain bond. The cover page must be typed on FAA Form 1320-2 for long orders or FAA Form 1320-1 for short orders.
4. FAA Form 1360-51, Background Tab.
5. Clearance records and comments from the divisions/staffs within your office.

The signed clearance record and package are returned to the OPI for distribution. The deadline date will be assigned in accordance with Order 1320.1, paragraph 163. The number of copies to be distributed is found in appendix 12.

After comments have been returned and consolidated, the directive package is prepared for FINAL APPROVAL. The final directive package is assembled by the OPI as follows and forwarded to AND-20 for review:

1. FAA Form 1300-2, Clearance Record for Associate Administrator clearance, if applicable.
2. The original Clearance Record (previously signed by the program director/program manager for coordination) is to be completed in the clearance routing section which will denote the routing symbol, signature, date, and concurrence or nonconcurrence (and noting whether the changes were made by stating yes, no, or, part).
3. Summary of Comments Not Adopted, if applicable.
4. Executive Summary, if applicable.
5. Camera copy of directive.
6. FAA Form 1360-51, Background Tab.
7. Background material (canceled orders, coordinating draft, and original clearance records and comments from other offices).
8. Completed Form DOT 1700.3, Printing, Binding, Distribution, and Editorial Services Request.
9. Completed FAA Form 1320-6, Directives Issuance Record.

The DMO will review the directive package for adequacy of clearance; conformity with directives system standards; compliance with reports, forms, and distribution requirements. AND-20 will forward the final package to the program director/program manager for signatures. After signature on both the clearance record and directive, the approved directive is returned to the DMO who forwards the package to AIT-420 or AIT-500 as appropriate.

The approved directive is returned to the DMO who will forward it to the OPI. The OPI is to type the assigned number and date on each page of the directive. The OPI should return the camera copy, the printing request (Form DOT 1700.3) and FAA Form 1320-6 to the DMO along with two copies of the order for microfiching.

The DMO will sign the printing request and forward the request and camera copy to AIT-410 for printing and distribution.

The same procedures are followed for directives to be signed at Associate Administrator or the Administrator level, except: (1) AIT-500 is the DMO for Associate Administrators and the Administrator and AND-20 will act as liaison between them and the OPI and (2) an executive summary is required.

In accordance with Order 1320.1, case files shall be maintained for active and canceled directives. Case files are to be available for reference by all users and for litigation cases unless, of course, the directives are classified. These case files are to be kept by the OPI and are to include: camera copy, all clearance records and any comments, pertinent background material, and printed copies for random distribution.

When directives are received for review from offices outside your office, the program director's concurrence or nonconcurrence is required as the final approval authority. Responses for directives of a technical nature are to be prepared by the OPI. Responses for directives regarding administrative matters are to be prepared by AND-20. The Clearance Record should be marked appropriately with an "X" under one of the following columns:

1. Concur-No Comment which indicates general agreement with the draft.
2. Concur-Comment Attached which indicates general agreement with the draft, but would like to have part of the directive changed. However, if the change is not made, the draft can be accepted as presented.
3. Nonconcur-Comment Attached means that the proposed directive as written is not acceptable because of the effect it will have on the clearing office or any part of the agency for which it has a direct or indirect functional responsibility and will not concur until changes recommended are reconciled between clearing office and originator. Before nonconcurring, attempts to solve the problem should be made and then stated in the comments. THE COMMENTS MUST IDENTIFY CLEARLY AND EXPLAIN THE REASONS FOR NONCONCURRENCE AND WHAT CHANGES ARE NECESSARY.

STANDARD OPERATING PROCEDURE EQUIPMENT AND PROPERTY MANAGEMENT

This SOP is to establish procedures to be followed in the area of property management. The coordinator for this area is AND-20.

NOTE: It is understood that all requests submitted by the offices are done so with approval of their program director.

Requests to receive, release, or repair standard equipment or furniture should be submitted via FAA Form 4650-2, Property Transaction Document, to AND-20. The request should include: description, serial number, condition, and location. This same information should be submitted for transferring equipment also.

Requests for specialized equipment or furniture should be submitted via DOT Form 4200.1, Procurement Request. The request should be submitted to AND-20 for standardization purposes and AND-10/APM-4 for certification of funds (if OPS). Repair of specialized equipment or furniture is the responsibility of the office requesting service and should be handled by PR as stated above.

Two copies of all signed purchase orders concerning office equipment, i.e., computers, software, etc., with serial numbers, should be sent to AND-20/APM-4 within 5 days of receipt.

Requests for word processing acquisition should be submitted via reminder memo. The request should include: "model" number, type of equipment, and possible location. Requests for repair can be called directly to the computer help line X78604.

Requests for furniture or door locks should be submitted via reminder memo. The request should include: type of lock, number of keys, and location, and also a contact person in the immediate office.

For inventory purposes, standard equipment or furniture provided by AND will be entered into the inventory after receipt in AND-20. Specialized equipment will be entered into inventory after receipt of the signed receiving report from the requesting office. AND-20 will conduct the various inventories (equipment/furniture) with input from an office representative on a biannual basis.

The processing time in AND-20 should not exceed 5 working days. AND-20 will advise the requesting office of due dates or any changes in status as soon as known and distribute updated inventory to each office for their use in waste, fraud, and abuse management.

STANDARD OPERATING PROCEDURE FORMS AND REPORTS

This SOP is to establish procedures for forms and reports within the AND complex.

The Resource Management Staff, AND-20, is responsible for forms management activities and to provide assistance and advice to AND personnel for the most effective utilization of forms. AND-20 controls all requests for new or revised forms and stop orders.

When requesting new forms, the originator shall:

1. Assure the need for the form, each item on the form, and that each copy justified the cost generated by preparation and use.
2. Complete FAA Form 1300-5, Form and Report Approval Request, and forward to AND-20. Coordinate the need for the form and its use with actual or potential user organizations where necessary.
3. Furnish AND-20 with a draft of the proposed form (handprinted or typewritten). Include the type of entries and the approximate amount of information that will be entered in each space.
4. Include the prescribing directive or other instructions relating to the form. Forms used agencywide, regionwide, by more than one office or service, or by the public may not be reproduced unless instructions are contained in FAA directives.
5. Complete FAA Form 1330-6, Form Distribution Request, when users are initially provided a supply of the new form.

When a form needs to be revised, the originator shall submit the following to AND-20 for final review and approval:

1. Completed FAA Form 1300-5, items 1 through 8 and item #12.
2. Draft of the revised form.
3. Completed FAA Form 1330-6 when the users are to be initially provided a supply of the revised form.
4. Prescribing directive--updated or revised as required.

When a form is also a report, as defined in Order 1340.1C, FAA Reports Management System, follow the SOP for reports.

AND-20 is also responsible for the management and maintenance of reports for the AND complex.

To initiate or revise recurring reports or initiate a 1-minute report, the initiating office will forward to the Reports Management Officer, AND-20, the following:

1. FAA Form 1300-5 (6 copies), completed in accordance with appendix 1, Order 1340.1C, and appendix 2, Order 1330.1A, Forms Management, if a form is utilized.
2. Two copies of the proposed directive and instructions. Required coordination of the directive must be completed before this stage. An additional copy should be submitted if a new or revised form is required. If the directive is lengthy, pertinent, and properly identified page excerpts may be used.
3. Draft of any proposed reporting forms.

Then, the Reports Management Officer will:

1. Review FAA Form 1300-5 and supporting documents to assure that the request is adequately justified.
2. Assign report identification symbol (RIS) number.
3. Submit a copy of the signed FAA Form 1300-5 to the Information Collection Clearance Officer, AIT-410. The Information Collection Clearance Officer uses this form to keep a current inventory and to update the catalog of recurring reports.

To discontinue an existing report, the following steps are taken:

1. The discontinuance of an existing report should be coordinated with those organizations that use the report.
2. The initiating office will send a memorandum to AND-20 containing the following information:
 - a. RIS number of the report being canceled.
 - b. Title of report being canceled.
 - c. Implementing directive.
 - d. Brief statement why the report is being canceled.
 - e. Brief statement explaining manner in which the affected offices will be notified of the cancellation.

3. AND-20 will send a copy of the memorandum to the Information Collection Clearance Officer, AIT-410, who will use it as a source document to cancel the report in the Category of Recurring Reports.
4. If the report is a form, FAA Form 1330-4, Stop Order, shall be submitted to the Agency Forms Program Officer, AIT-410, by AND-20, to stop the automatic reprinting of the form.

Instructions for completing forms pertinent to report requests are contained in Orders 1340.1C and 1330.1A. The following guidance for items 12 and 14 is provided to assist the initiator in completing FAA Form 1300-5:

1. Item 12. Justification. This area requires careful attention since it provides the basis for approval of the reporting requirements. The justification should indicate how the reporting requirement is consistent with the agency's policy and principles. Chapter 3, Order 1340.1, provides a complete list of the standards used by AIT in evaluating the need for a report. Each justification should indicate conformance to as many of these standards as possible.
2. Item 14. Clearances. Reports should be coordinated with preparing activities and those having a responsibility in the subject matter area whenever feasible or practical (including ADP). Every effort should be made by the initiating office to resolve nonconcurrence and suggested changes before forwarding the request to the Reports Management Officer. The signature of the program manager of the initiating activity is required.

TECHNICAL REPORTS are also coordinated with AND-20 for designing the cover page, issuance of report numbers, and distribution. A special distribution list has been developed so that all technical reports are received by offices requiring their use. After the technical reports has been assigned a number and the cover page has been made, the initiating office will submit to AND-20, the camera copy and printing request (Form DOT F 1700.3).

OTHER REPORTS issued by your office should have a number assigned for easy reference. AND-20 issues, controls, and logs these report numbers also. A camera ready copy and a printing request (Form DOT F 1700.3) should be submitted to AND-20 for processing, printing, and distribution.

STANDARD OPERATING PROCEDURE OFFICE SERVICES

This SOP is to establish procedures for office services. The coordinator for this area is AND-20.

SPACE

Requests for space modification should be submitted via reminder memo signed by the program director and submitted to AND-20 for action. The request should include: justification of the need with sufficient detail, condition that warrants the action, location involved, date required, and contact for further information. AND-20 will prepare the floor plan for GSA.

ELECTRICAL OUTLETS

Requests for electrical outlets should be submitted via reminder memo. The request should include: justification, description of work, location, date required, and contact. AND-20 will prepare the floor plan for GSA.

TELEPHONES

Requests for telephone equipment should be submitted via DOT Form 1740.1, Telephone Service Request. The requests should include: type (standard or data), location, justification, and any other pertinent information. Telephone troubles can be called direct to AT&T (800-526-2000) for equipment, C&P (202-954-2424) for data lines, and 311 for desk set problems. If the problem is not corrected in a couple of days, the requesting division/staff should notify AND-20 for followup.

Requests for Voice Message Exchange (VMX) -- should be submitted via the attached form, with employees names, routing symbol, telephone number, secretaries transfer number, and room number, to AND-20 for processing.

Requests for changes to the telephone directories should be submitted via the attached form. The request should be prepared whenever there is a change in employee or organization status and submitted directly to AAF-51, Attn: Lorraine Neal, x78848 for processing.

MISCELLANEOUS SERVICES

Requests for miscellaneous services (e.g., lights out, electrical power outages, trash pickup) should be handled by contacting the building manager's office on X73340. If the response is unsatisfactory, AND-20 will do a followup when advised by the requesting office.

Requests for moving services can be called direct to the building managers office, AAF-51, X73340. The request should include: location (to and from), what is to be moved, number of boxes required, date required, and contact.

Requests for major office cleanups must be coordinated in advance with AAF-51 and the building manager's office, M-472.2. Requests should be submitted via reminder memo to Philamenia Hawkins, AAF-51, at least 3 weeks in advance. The memo should include date, location, and anticipated number of trash dumpsters required.

Requests for Rusco keycard should be submitted via WA Form 1370.2, Security System Entry Form. The form is issued to employees in areas that require limited access. Rusco keycard requests should be coordinated through Karen Long, AND-20, on X77090. You can obtain this form from Ted Garner, AIT-360, Rm 609D.

The processing time in AND-20 should not exceed 3 working days. AND-20 will advise the requesting offices of due dates or any changes in status as soon as known.

Attachment

DEPARTMENT OF TRANSPORTATION
VOICE MAIL REQUEST

TSR# _____

USER NAME: _____

REPORT GROUP: 900 _____

DEPT./OFFICE SYMBOL: _____

BUILDING: FOB-10A ROOM#: _____

TELEPHONE: _____
(users number not office number)

ID#: _____ (assigned by OST)

TRANSFER NUMBER: _____ *

CFB: MB _____

CFD: MB _____

APPROVAL:

OFFICE COORDINATOR: AND-20 _____

ORDERING ORG.: AAF-51 _____

OST/M-33: _____

* If after getting your greeting callers wish to transfer to an operator or other staffed position, this would be the number they can escape to.

DIRECTORY LOCATOR INFORMATION

NAME _____
(last name, first name, MI..as desired for Directory listing)

ROUTING SYMBOL _____ BUILDING CODE _____ ROOM NO. _____

PUBLISHED NO. _____ UNPUB. NO. _____
(For Directory listing)

CHECK ONE BOX BELOW:

☐ ADD ☐ CHANGE ☐ DELETE

NAME _____
(last name, first name, MI..as desired for Directory listing)

ROUTING SYMBOL _____ BUILDING CODE _____ ROOM NO. _____

PUBLISHED NO. _____ UNPUB. NO. _____
(For Directory listing)

CHECK ONE BOX BELOW:

☐ ADD ☐ CHANGE ☐ DELETE

NAME _____
(last name, first name, MI..as desired for Directory listing)

ROUTING SYMBOL _____ BUILDING CODE _____ ROOM NO. _____

PUBLISHED NO. _____ UNPUB. NO. _____
(For Directory listing)

CHECK ONE BOX BELOW:

☐ ADD ☐ CHANGE ☐ DELETE

NAME _____
(last name, first name, MI..as desired for Directory listing)

ROUTING SYMBOL _____ BUILDING CODE _____ ROOM NO. _____

PUBLISHED NO. _____ UNPUB. NO. _____
(For Directory listing)

CHECK ONE BOX BELOW:

☐ ADD ☐ CHANGE ☐ DELETE

RETURN TO: M-331

STANDARD OPERATING PROCEDURE PERFORMANCE APPRAISALS

This SOP is to establish procedures for the Performance Management System (PMS) and the Performance Management and Recognition System (PMRS).

The PMS cycle begins April 1 and ends March 31. The PMRS cycle begins August 1 and ends July 31.

Performance standards containing job elements for PMS and PMRS employees should be developed and signed by the employee, first- and second-level supervisors. Performance appraisal forms, containing performance standards and block A, "Certification of Initial Discussion and Approval of Performance Plan" (attachment 2) should be completed for PMS employees by April and PMRS employees by August. Program analysts at the program director level are responsible for keeping the original, signed forms.

The analysts will return the forms to managers for completion of section B for the mid-terms (approximately October for PMS and February for PMRS). After managers discuss the mid-term evaluations with employees, managers will return the forms to the program analysts. The appraisal will be distributed again for the end-of-the-year rating and collected for submission to AHR. The analysts will alphabetize all appraisals for their organizations and submit them to AND-20 for processing. The analysts should also make copies of the appraisals and keep them on-hand for their employees. Reference attachments 1 & 3 for the PMS and PMRS schedules. Note: Since the cover sheet contains information protected under the Privacy Act, please ensure that all forms are forwarded in a sealed envelope. AND-20 will advise the Financial Management Staff, AND-10, of GS ratings to allow them to compute amounts for budget purposes.

The minimum period of time an employee can be rated is 90 days. The rating period needs to be extended when an employee has been promoted or when there has been a change of supervisor.

In accordance with Order 3400.19, National Resource Management (HRM) Performance Standard for FAA Supervisors and Managers, the following three HRM critical job elements (CJE) must be included in the performance plan for all supervisors and managers, excluding SES and management officials who do not supervise other employees:

- a. Employee Performance Management
- b. Employee Involvement
- c. Equal Employment Opportunity

Finally, all new employees should have performance standards put in place within 30 days after arrival. This procedure will help all supervisors to be timely and responsive in improving the performance appraisal process.

Attachments

PERFORMANCE MANAGEMENT SYSTEM (PMS)

RATING CYCLE - April 1 through March 31 of each year

COVERAGE - The PMS apply to all permanent and temporary General Schedule employees, grades 15 and below, not included in the Performance Management and Recognition System (PMRS).

GENERAL INFORMATION

- o All performance standards should be communicated to the employee by April 30.
- o Each employee should be given a mid-period review of their performance by October 31.
- o All performance appraisals should be signed by management and employee, and ready to be sent to AHR by early May. A list of employees that are to be submitted under the extended rating period should be submitted at the same time.
- o Extended ratings are due in AHR by early July.



U.S. Department of
Transportation

U.S. DEPARTMENT OF TRANSPORTATION PERFORMANCE APPRAISAL FORM

Attachment 2
GS Employees Only

Last Name—First Name—Middle Initial Doe, John J.		Social Security No. XXX-XX-XXXX	Appraisal Period From 4/1/9X To 3/31/9X	
Title, Series and Grade Secretary, GS-318-06		Organizational Unit and Location Management Staff, ABC-123		

A CERTIFICATION OF INITIAL DISCUSSION AND APPROVAL OF PERFORMANCE PLAN

<u>1st Level Supervisor's signature & title</u>	<u>Employee's signature</u>
Signature of Supervisor <u>Title</u>	Signature of Employee
<u>2nd Level Supervisor's signature & title</u>	<u>by April 30, 199X</u>
Signature of Approving Official <u>Title</u>	Date of Discussion

B SEMI-ANNUAL PROGRESS REVIEW

<u>XXX</u>	<u>XXXX</u>	<u>by October 31, 199X</u>
Signature of Supervisor	Signature of Employee	Date of Discussion

C SUMMARY PERFORMANCE RATING DETERMINATION

To determine the summary rating, multiply the rating score for each job element by the weight factor of that element. This becomes the adjusted score. Next, add the adjusted scores and use the Conversion Table below to determine the summary rating, and check the appropriate box.

Job Element #	Rating Score	Weight	Adjusted Score
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
Total			_____

CONVERSION TABLE	
Performance Appraisal Score	Summary Rating
2.7-3.0 (no CJE less than Exceptional)	<input type="checkbox"/> Outstanding (Level 5)
1.7-2.69 (No CJE less than Fully Successful)	<input type="checkbox"/> Exceptional (Level 4)
1.0-1.69 (No CJE less than Fully Successful)	<input type="checkbox"/> Fully Successful (Level 3)
0 - .99 (No CJE less than Partially Successful)	<input type="checkbox"/> Partially Successful (Level 2)
Minus Score	<input type="checkbox"/> Unacceptable (Level 1)

Reason for rating:

- ☐ End of annual cycle
☐ Employee reassigned
☐ Employee leaving agency
☐ Other (Specify)

XXX X/XX/XX
Signature of Supervisor Date

XXX X/XX/XX
Signature of Approving Official Date

XXX X/XX/XX
Signature of Reviewing Official Date
(if required)

I have reviewed the completed performance document and it has been discussed with me. This does not necessarily mean that I agree with all of the information in it or that I forfeit any rights of review. (Comments may be entered in "Remarks")

XXX X/XX/XX
Signature of Employee Date

Personnel Office Use
☐ Summary Rating
☐ Rating of Record
☐ 5 ☐ 4 ☐ 3
☐ 2 ☐ 1

PERFORMANCE APPRAISAL FORM**PERFORMANCE PLAN**

Last Name—First Name—Middle Initial

Doe, John J.

APPRAISAL PERIOD

From

4/1/9X

To

3/31/9X

JOB ELEMENT No _____ of _____

Check one

☒ Critical☐ Noncritical

Weight = 20%

PERFORMANCE STANDARDSFULLY SUCCESSFUL

- Sets priorities and completes typing assignments on schedule. Brings conflicts to the manager's attention. Material is normally returned to originator before established deadline.
- Recognizes and corrects grammatical, spelling, punctuation, and capitalization errors. On the average, there are no more than two typing errors per page in draft form. Final form is typed once and is error-free.

Recognizes items which are incorrect or awkward and seeks clarification from initiator.

- Uses proper formats as outlined in the correspondence handbook and other guidelines.

G ACTUAL ACHIEVEMENT

RATING

Outstanding	Exceptional	Fully Successful	Partially Successful	Unacceptable
3	2	1	0	-1

Supervisor's Initials

PERFORMANCE MANAGEMENT AND RECOGNITION SYSTEM (PMRS)

RATING CYCLE - August 1 through July 31 of each year

COVERAGE - The PMRS apply to all supervisors and management officials in grades GM-13, 14, and 15

GENERAL INFORMATION

- o All performance standards should be communicated by August 31.
- o Each employee should be given a mid-period review of their performance by February 28.
- o All performance appraisals should be signed by management and employee, and sent to AHR by mid September. A list of employees that are to be submitted under the extended rating period should be submitted at the same time.
- o Extended ratings are due in AHR by early October.

**U.S. DEPARTMENT OF TRANSPORTATION
PERFORMANCE APPRAISAL FORM**

Attachment 4
PMRS only
Grade GM-14-15

Last Name—First Name—Middle Initial		Social Security No.	Appraisal Period	
Doe, John J.		XXX-XX-XXXX	From 8/1/9X	To 7/31/9X
Title, Series and Grade		Organizational Unit and Location		
Supervisory Program Analyst, GM-14		Management Staff, ABC-123		

A CERTIFICATION OF INITIAL DISCUSSION AND APPROVAL OF PERFORMANCE PLAN

<u>1st Level Supervisor's Signature & Title</u>	<u>Employee's Signature</u>
Signature of Supervisor _____ Title _____	Signature of Employee _____
<u>2nd Level Supervisor's Signature & Title</u>	<u>by August 31, 199X</u>
Signature of Approving Official _____ Title _____	Date of Discussion _____

B SEMI-ANNUAL PROGRESS REVIEW

<u>X</u>	<u>X</u>	<u>by February 28, 199X</u>
Signature of Supervisor _____	Signature of Employee _____	Date of Discussion _____

C SUMMARY PERFORMANCE RATING DETERMINATION

- ☐ **DISTINGUISHED**—Rated Distinguished on critical elements constituting at least 70 percent of the performance plan, with no critical element rated below Meritorious.
- ☐ **MERITORIOUS**—Rated Meritorious and above on critical elements constituting at least 70 percent of the performance plan with no critical element rated below Proficient.
- ☐ **PROFICIENT**—Rated at least Proficient on all critical elements.
- ☐ **NEEDS IMPROVEMENT**—Rated Needs Improvement on one or more critical elements, with no critical elements rated below Needs Improvement.
- ☐ **UNSATISFACTORY**—Rated Unsatisfactory on one or more critical elements.

Reason for rating:

- ☐ End of annual cycle
☐ Employee reassigned
☐ Employee leaving agency
☐ Other (Specify) _____

<u>X</u>	<u>X/XX/XX</u>
Signature of Reviewing Official _____	Date _____
(If required)	

<u>1st Level Supervisor's Signature</u>	<u>X/XX/XX</u>
Signature of Supervisor _____	Date _____

I have reviewed the completed performance document and it has been discussed with me. This does not necessarily mean that I agree with all the information in it or that I forfeit any rights of review. (Comments may be entered in "Remarks")

<u>2nd Level Supervisor's Signature</u>	<u>X/XX/XX</u>
Signature of Approving Official _____	Date _____

<u>X</u>	<u>X/XX/XX</u>
Signature of Employee _____	Date _____

D FOR OPERATING ADMINISTRATION USE

G	JOB ELEMENT RATING		
JOB ELEMENT No. <u>1</u> of <u>6</u>	Check one <input type="checkbox"/> Critical <input type="checkbox"/> Noncritical	Weight (if required)	
JOB ELEMENT: NAS PROGRAM MANAGEMENT SUPPORT			
PROFICIENT PERFORMANCE STANDARD: A. Negotiate and sign timely program directives with each supported program manager which clearly define responsibilities and resources to be provided. B. Provide active support to the development, review, and coordination of PR's (Specs., SOW, CDRL's DID's etc.) in accordance with agency standards and acquisition practices. C. Provide the technical expertise to manage and perform evaluation of technical proposals and conduct OCD's, where appropriate, in accordance with agency standards. D. Evaluate ECP's submitted by prime contractors and make recommendations to program managers for implementation. Prepare the necessary NCP's.			
RATING: <input type="checkbox"/> Distinguished* <input type="checkbox"/> Meritorious* <input type="checkbox"/> Proficient <input type="checkbox"/> Needs Improvement** <input type="checkbox"/> Unsatisfactory** <small>* Describe specific examples of performance above the Proficient level. ** Describe specific examples of performance below the Proficient level.</small>			
EXPLANATION OF PERFORMANCE ABOVE OR BELOW PROFICIENT LEVEL			

STANDARD OPERATING PROCEDURES PERSONNEL

This SOP is to establish procedures for processing requests for personnel actions.

In general, all SF-52's (i.e., recruitment, promotions, reassignments, etc.) will be prepared by the requesting staff/office. The SF-52's with the exception of GS/GM-15 and SES actions, may be signed at the division level and forwarded to AND-20 for processing. Requests for GM-15/SES must be requested by the staff/program director and approved by AND-1.

With regard to position advertisement, the requesting office will prepare the position description, the KSA's based on the requirements of the position to be filled, and the crediting levels. Refer to Order 3330.1, Headquarters Merit Promotion Plan, dated March 2, 1988, for the preparation of KSA's and the ranking factors. The package will be forwarded to AND-20 for processing. SUBMIT THE ORIGINAL SF-52 ONLY, ALONG WITH TWO COPIES OF A CLASSIFIED POSITION DESCRIPTION OR THE ORIGINAL ONLY OF A NEW POSITION DESCRIPTION. Normal advertisements will be processed only for fillable vacancies or when a fillable vacancy is known to be imminent.

The processing goal for AND-20 is 2 working days. Staffs/Program Directors will provide personnel action priorities to AND-20.

Managers may consult with AND-20 personnel specialists at any time concerning the status of any personnel action affecting the office; however, the program director level analyst is the contact point for the AND-20 personnel specialist regarding personnel activities. The AND-20 personnel specialist is the main point of contact for day-to-day business with AHR.

The AND-20 personnel specialist will meet with AHR-150 on the status of personnel actions and report the status to the staffs/services as needed.

Attachments
Sample of KSA's
SF-52 Instructions
Samples of SF-52
Sample of OF8

KSA'S

1. Ability to communicate in writing, e.g., letters, reports, briefing papers, etc.
2. Ability to plan and organize work.
3. Ability to give briefings and presentations.
4. Skill in human relations.
5. Ability to communicate orally.
6. Ability to advise and counsel top management.

REQUEST FOR PERSONNEL ACTION (SF-52)

ACTIONS

DEFINITIONS

Recruitment

Recruit/Establish

Prepare to advertise a position and create a new Position Description.

Recruit

Prepare to advertise a position with an existing Position Description.

Recruit

Prepare to make a second selection off a certificate. Attach copy of signed by selecting official cert. with SF-171.

Recruit

Prepare when hiring a GS-2/3/4/5/6 Secretary/Clerk Typist candidate. Attach SF-171.

*Recruit/Summer Hire/ Christmas Hire	Self explanatory. Attach SF-171.
*Resignation/Summer Hire/ Christmas Hire	Accompanies the "Recruit" SF-52.

Promotions

*Career Promotion

Prepare to promote an employee in a career ladder position.

*Extend Temporary
Promotion NTE (date)

Prepare when a supervisor has not completed LDP 1 and temporary promotion runs out. The expiration dates for these appointments are on the monthly Tickler Report generated from the CPMIS.

*Convert to Permanent
Promotion

Prepare when a supervisor completes LDP 1.

*Temporary Promotion
NTE (date)

Prepare when an employee is temporarily promoted to a higher grade--cannot exceed 120 days.

ACTIONS

Promotions (cont'd.)

*FTT/PTT Appointment

Prepare when promoting a FTT/PTT employee. Attach SF-50.

Reassignments

*Reassignment/Establish

Prepare when an employee is reassigned from an office or other organization to a position where a Position Description does not exist.

*Reassignment

Prepare when an employee is reassigned from an office or other organization to a position where a Position Description exists.

*Reassignment to New
Position Description

Prepare when employee is assigned to a new Position Description.

Details

*Detail to Unclassified
Duties NTE (date)

Prepare when employee is detailed to an office or other organization where a position does not exist. Attach a description of duties on white bond.

*Detail NTE (date)

Prepare when employee is detailed to an office or other organization where position exists. Attach Position Description.

*Terminate Detail

Accompanies a "Detail" SF-52.

Resignations, etc.

*Resignation

Prepare when an employee voluntarily resigns.

*Separation

Prepare when an employee leaves the FAA and goes to another agency.

DEFINITIONS

ACTIONS

DEFINITIONS

Resignations, etc. (cont'd.)

*Termination

Prepare when an employee is terminated from a position involuntarily; ex., AWOL.

*Leave Without Pay (LWOP)

Prepare when an employee goes on leave without pay. If known, prepare SF-52 to terminate LWOP and send with this SF-52.

*Terminate LWOP

Prepare to terminate leave without pay when employees return to duty.

*Name Change

Prepare for a name change and attach documentation of proof that name has been changed with Social Security; i.e., copy of Social Security card.

*Transfer

Prepare when an employee transfers from another Government agency. Attach SF-50.

*Voluntary Retirement

Self explanatory.

*Extend FTT/PTT Appt.

Prepare when a FTT/PTT employee appointment runs out.

NOTE: - When preparing action for a Part-Time/Full-Time Temporary position, indicate in Part A/Block 1 "Part-Time or Full-Time Temporary Position."

- See examples of each of the actions listed above.

* Indicate name on SF 52

TRANSFER, DETAIL TO UNCLASSIFIED DUTIES NTE (date), Detail NTE (date),

REQUEST FOR PERSONNEL ACTION Terminate Detail,

PART A—Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested <u>Career Promotion, Temporary Promotion NTE (date), FTT/PTT Appoint.,</u>		2. Request Number
<u>Reassignment/Establish, Reassignment, Reassignment to New Position Description</u>		
3. For Additional Information Call (Name and Telephone Number) <u>AND-20 Personnel Coordinator Name/Subject Matter Expert Name</u>		4. Proposed Effective Date <u>Fill In</u>
5. Action Requested By (Typed Name, Title, Signature, and Request Date) <u>Appropriate Signature Level</u>		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <u>Appropriate Signature Level</u>

PART B—For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)				2. Social Security Number				3. Date of Birth				4. Effective Date															
First Action								Second Action																			
5-A. Code		5-B. Nature of Action						6-A. Code		6-B. Nature of Action																	
5-C. Code		5-D. Legal Authority						6-C. Code		6-D. Legal Authority																	
5-E. Code		5-F. Legal Authority						6-E. Code		6-F. Legal Authority																	
7. FROM Position Title and Number Title Position Description No.						Budget No.						15. TO: Position Title and Number Title Position Description No.						Budget No.									
8. Pay Plan <u>XXXXX</u>		9. Occ. Code <u>XXXXX</u>		10. Grade or Level <u>XXXXX</u>		11. Step or Rate		12. Salary		13. Pay Basis		16. Pay Plan <u>XXXXX</u>		17. Occ. Code <u>XXXXX</u>		18. Grade or Level <u>XXXXX</u>		19. Step or Rate		20. Salary/Award		21. Pay Basis					
14. Name and Location of Position's Organization <u>DOT/FAA</u> <u>Executive Director for System Development</u> <u>Associate Administrator for NAS Development</u> <u>Program Director</u> <u>Division Manager/Program Manager/APME</u>												22. Name and Location of Position's Organization <u>DOT/FAA</u> <u>Executive Director for System Development</u> <u>Associate Administrator for NAS Development</u> <u>Program Director</u> <u>Division Manager/Program Manager/APME</u>															
Employee Data																											
23. Veterans Preference <u>1—None</u> <u>3—10 Point/Disability</u> <u>5—10 Point/Other</u> <u>2—5 Point</u> <u>4—10 Point/Compensable</u> <u>6—10 Point/Compensable/30%</u>												24. Tenure <u>0—None</u> <u>2—Conditional</u> <u>1—Permanent</u> <u>3—Indefinite</u>				25. Agency Use				26. Veterans Preference for RIF <u>YES</u> <u>NO</u>							
27. FEGLI												28. Annuitant Indicator				29. Pay Rate Determinant											
30. Retirement Plan												31. Service Comp. Date (Leave)				32. Work Schedule <u>F—Full-time</u> <u>I—Intermittent</u> <u>J—INT Seasonal</u> <u>P—Part-time</u> <u>G—FT Seasonal</u> <u>H—FT On Call</u> <u>Q—PT Seasonal</u> <u>R—PT On Call</u>				33. Part-Time Hours <u>Per Biweekly Pay Period</u>							
Position Data																											
34. Position Occupied <u>1—Competitive Service</u> <u>3—SES General</u> <u>2—Excepted Service</u> <u>4—SES Career Reserved</u>												35. FLSA Category <u>E—Exempt</u> <u>N—Nonexempt</u>				36. Appropriation Code <u>Fill in</u>				37. Bargaining Unit Status							
38. Duty Station Code												39. Duty Station (City—County—State or Overseas Location) <u>Washington, DC</u>															
40. Agency Data				41.				42.				43.				44.											
45. Educational Level				46. Year Degree Attained				47. Academic Discipline				48. Functional Class				49. Citizenship <u>1—USA</u> <u>8—Other</u>				50. Vietnam Era Vet <u>V—Yes</u> <u>N—No</u>				51. Supervisory Status			

PART C—Reviews and Approval (Not to be used by requesting office.)

1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date			
A.						D.							
B.						E.							
C.						F.							
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature						Approval Date	

CONTINUED ON REVERSE SIDE

52-118

Editions Prior To 4/87 Are Unusable After 9/30/88
NSN 7540-01-248-3880

REQUEST FOR PERSONNEL ACTION

PART A—Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested Resignation, Voluntary Retirement, Separation, Termination, Leave Without Pay (LWOP)		2. Request Number
3. For Additional Information Call (Name and Telephone Number) AND-20 Personnel Coordinator Name/Subject Matter Expert Name		4. Proposed Effective Date Fill In
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Appropriate Signature Level		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Appropriate Signature Level

PART B—For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)						2. Social Security Number		3. Date of Birth		4. Effective Date	
First Action						Second Action					
5-A. Code		5-B. Nature of Action				6-A. Code		6-B. Nature of Action			
5-C. Code		5-D. Legal Authority				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM Position Title and Number: Title Position Description No.						15. TO Position Title and Number					
8. Pay Plan XXXXX		9. Occ. Code XXXXX		10. Grade or Level XXXXX		11. Step or Rate		12. Salary		13. Pay Basis	
16. Pay Plan		17. Occ. Code		18. Grade or Level		19. Step or Rate		20. Salary/Award		21. Pay Basis	
14. Name and Location of Position's Organization DOT/FAA Executive Director for System Development Associate Administrator for NAS Development Program Director Division Manager/Program Manager/APME						22. Name and Location of Position's Organization					
Employee Data						Agency Use					
23. Veterans Preference 1—None 3—10 Point/Disability 5—10 Point/Other 2—5 Point 4—10 Point/Compensable 6—10 Point/Compensable/30%						24. Tenure 0—None 1—Permanent 2—Conditional 3—Indefinite		25. Agency Use		26. Veterans Preference for RIF YES NO	
27. FEGLI						28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan						31. Service Comp. Date (Leave)		32. Work Schedule I—Intermittent F—Full-time P—Part-time J—INT Seasonal G—FT Seasonal O—FT Seasonal K—FT On Call R—PT On Call		33. Part-Time Hours Per Biweekly Pay Period	
Position Data						Appropriation Code					
34. Position Occupied 1—Competitive Service 3—SES General 2—Excepted Service 4—SES Career Reserved						35. FLSA Category E—Exempt N—Nonexempt		36. Appropriation Code Fill in		37. Bargaining Unit Status	
38. Duty Station Code						39. Duty Station (City—County—State or Overseas Location) Washington, DC					

40. Agency Data		41.		42.		43.		44.			
45. Educational Level		46. Year Degree Attained		47. Academic Discipline		48. Functional Class		49. Citizenship 1—USA 8—Other		50. Vietnam Era Vet V—Yes N—No	
										51. Supervisory Status	

PART C—Reviews and Approval (Not to be used by requesting office.)

1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date	
A.						D.					
B.						E.					
C.						F.					
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature			Approval Date		

CONTINUED ON REVERSE SIDE

82-116

Edisons Prior To 4/87 Are Unusable After 9/30/88
NSN 7540-01-344-3880

PART D—Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES☐ NO**PART E—Employee Resignation/Retirement****Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1 Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day—midnight—unless you specify otherwise.)

Fill in for Voluntary Retirements and Resignations.

2 Effective Date	3 Your Signature	4 Date Signed	5 Forwarding Address (Number Street City State ZIP Code)
Fill In		Fill In	Fill In

PART F—Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A—Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested Recruit/Establish, Recruit, Extend Temporary Promotion NTE (date), Convert to Permanent Promotion, Terminate LWOP, Name Change, Extend FTT/PTT Appt.		2. Request Number
3. For Additional Information Call (Name and Telephone Number) AND-20 Personnel Coordinator Name/Subject Matter Expert Name		4. Proposed Effective Date Fill In
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Appropriate Signature Level		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Appropriate Signature Level

PART B—For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)		2. Social Security Number		3. Date of Birth		4. Effective Date																			
First Action				Second Action																					
5-A Code	5-B Nature of Action			6-A Code	6-B Nature of Action																				
5-C Code	5-D Legal Authority			6-C Code	6-D Legal Authority																				
5-E Code	5-F Legal Authority			6-E Code	6-F Legal Authority																				
7. FROM Position Title and Number				15. TO Position Title and Number Title Position Description No.																					
8. Pay Plan				9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Salary		13. Pay Basis		16. Pay Plan XXXXX		17. Occ. Code XXXXX		18. Grade or Level XXXXX		19. Step or Rate		20. Salary/Award		21. Pay Basis	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization DOT/FAA Executive Director for System Development Associate Administrator for NAS Development Program Director Division Manager/Program Manager/APME																					
Employee Data																									
23. Veterans Preference 1—None 3—10 Point/Disability 5—10 Point/Other 2—5 Point 4—10 Point/Compensable 6—10 Point/Compensable/30%												24. Tenure 0—None 2—Conditional 1—Permanent 3—Indefinite				25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO							
27. FEGLI												28. Annuitant Indicator				29. Pay Rate Determinant									
30. Retirement Plan												31. Service Comp. Date (Leave)				32. Work Schedule F—Full-time I—Intermittent J—INT Seasonal P—Part-time G—FT Seasonal H—FT On Call O—PT Seasonal R—PT On Call				33. Part-Time Hours Per Biweekly Pay Period					
Position Data																									
34. Position Occupied 1—Competitive Service 3—SES General 2—Excepted Service 4—SES Career Reserved												35. FLSA Category E—Exempt N—Nonexempt				36. Appropriation Code Fill in				37. Bargaining Unit Status					
38. Duty Station Code												39. Duty Station (City—County—State or Overseas Location) Washington, DC													
40. Agency Data		41.		42.		43.		44.																	
45. Educational Level		46. Year Degree Attained		47. Academic Discipline		48. Functional Class		49. Citizenship 1—USA 8—Other		50. Vietnam Era Vet V—Yes N—No		51. Supervisory Status													

PART C—Reviews and Approval (Not to be used by requesting office.)

1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date	
A.						D.					
B.						E.					
C.						F.					
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature			Approval Date		

CONTINUED ON REVERSE SIDE

82-116

Editions Prior To 4/87 Are Unusable After 9/30/85
NEN 7540-01-348-3880

PART D—Remarks by Requesting Office

Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES☐ NO

Fill in for Name Change

Example: Change name from _____ to _____

PART E—Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day—midnight—unless you specify otherwise.)

2 Effective Date	3 Your Signature	4 Date Signed	5 Forwarding Address (Number Street City State ZIP Code)

PART F—Remarks for SF 50

PART D—Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES☐ NO

Fill in Duty Hours for PTT Appointments

Example: Monday - Thursday -- 7:30 a.m. - 4:00 p.m.
Friday -- 7:30 a.m. - 3:00 p.m.

PART E—Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1 Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day—midnight—unless you specify otherwise.)

2 Effective Date	3 Your Signature	4 Date Signed	5 Forwarding Address (Number Street City State ZIP Code)
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PART F—Remarks for SF 50

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Hdqtrs. <input type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)						1. Agency Position No.					
						6. OPM Certification No.					
3. Service <input checked="" type="checkbox"/> Hdqtrs. <input type="checkbox"/> Field		4. Employing Office Location Washington, DC		5. Duty Station Washington, DC		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input checked="" type="checkbox"/> Employment and Financial Interests		9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position is: <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical Sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive		13. Competitive Level Code			
										14. Agency Use	
15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code	Grade	Initials	Date			
a. U.S. Office of Personnel Management											
b. Department, Agency or Establishment											
c. Second Level Review											
d. First Level Review											
e. Recommended by Supervisor or Initiating Office		Title		XXXX	XXXX	XXXX					
16. Organizational Title of Position (if different from official title) Department of Transportation				17. Name of Employee (if vacant, specify)							
18. Department, Agency, or Establishment Federal Aviation Administration				c. Third Subdivision Program Director							
a. First Subdivision Executive Director for System Development				d. Fourth Subdivision Division Manager/Program Manager							
b. Second Subdivision Associate Administrator for NAS Development				e. Fifth Subdivision APME							
19. Employee Review —This is an accurate description of the major duties and responsibilities of my position.				Signature of Employee (optional)							
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the				knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.							
a. Typed Name and Title of Immediate Supervisor Appropriate Signature Level				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional) Appropriate Signature Level							
Signature				Date		Signature				Date	
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.				22. Position Classification Standards Used in Classifying/Grading Position							
Typed Name and Title of Official Taking Action				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.							
Signature										Date	
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)											
b. Supervisor											
c. Classifier											
24. Remarks											
25. Description of Major Duties and Responsibilities (See Attached)											

STANDARD OPERATING PROCEDURE PRINTING AND DISTRIBUTION

The Resource Management Staff, AND-20, is the printing control point for all AND offices. All printing requests must be typed and then are signed, controlled, and processed by AND-20. The originating office is responsible for submitting the camera copy and preparing the printing request (Form DOT F 1700-3). AND-20 will forward the printing package to AIT-410 for processing. Attached are samples of Form DOT F 1700.3 for your information and use. The appropriation code is the same on all printing requests. Replace the "X" with the number of the current fiscal year.

The Distribution Representative, AND-20, is responsible for administering all phases of the office's distribution activities in conformance with Order 1720.18B, FAA Distribution System. The offices are responsible for: (1) adhering to the distribution policies and procedures; (2) recommending the distribution level for material originated by their respective offices; (3) assuring that changes to material are distributed to the same audience that received the basic document, and (4) advising AND-20 of deficiencies or new distribution requirements by submitting a route slip to the Distribution Representative, AND-20.

AND-20 will submit new requirements to AIT on appropriate forms. Additionally, they will conduct a yearly survey to assure that all distribution lists, addresses, routing symbols, and quantity requirements are correct.

Attachments

LOGGED IN BY

Shaded areas for GPO Printing Branch use

SAMPLE ORDER

1. PERSON TO CONTACT ABOUT THIS WORK Arthur Connelly				ROUTING SYMBOL ANA-140		TELEPHONE NO. X78640		2. AGCY. LTR. FAA		3. REQUISITION No.	
4. TITLE OR DESCRIPTION OF WORK Order 6030.2, FAA Automation Systems						FORM NO. OR GPO PROGRAM NO.		RIDER <input type="checkbox"/> REQUEST		GPO REQ. No.	
5. PAGES (Not Sheets) OF MATERIAL SUBMITTED						6. QUANTITY (UNITS OF FINISHED PROD)					
MANUSCRIPT		NEGS / POS		CAMERA COPY		TOTAL		FINISHED PRODUCT UNIT			
				50		50		<input type="checkbox"/> BOOKS OR PAMPHLETS <input type="checkbox"/> BLANK BOOKS <input type="checkbox"/> BLANK FORMS (SHEETS) <input type="checkbox"/> FOLDERS <input type="checkbox"/> SETS <input type="checkbox"/> PADS OR TABLETS <input type="checkbox"/> OTHER (SPECIFY)			
7. APPROPRIATION X01.0/1150/973/2411						8. EST. COST (AGCY.)		EST. COST		ACTUAL COST	
										9. DATE WANTED AT DESTIN.	

PRINTING, BINDING, AND DELIVERY INSTRUCTIONS

10. PAPER		11. INK	
KIND	SUB.	FINISHED SIZE	COLOR
TEXT			
C.W. Writing	40	8½ X 11	White
COVER			
Vellum	100	8½ X 11	Blue
OTHER (SPECIFY)			
12. PROOFS NO YES WANTED <input checked="" type="checkbox"/> <input type="checkbox"/>		13. PRINT	
INDICATE KIND AND HOW MANY OF EACH: GALLEY <input type="checkbox"/> PAGE <input type="checkbox"/> REPRO <input type="checkbox"/>		<input type="checkbox"/> ONE SIDE ONLY <input checked="" type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO SIDE (SEE SAMPLE)	
15. GATHER (Assemble)		14. FOLD TO	
<input checked="" type="checkbox"/> AS PAGED <input type="checkbox"/> OTHER (SPECIFY) Follow Circle Folio		<input type="checkbox"/> PERF. <input type="checkbox"/> TRIM <input checked="" type="checkbox"/> PASTE	
16. PUNCH OR DRILL		17. ADDITIONAL OR SPECIAL PRINTING AND BINDING INSTRUCTIONS (USE ADDITIONAL SHEETS IF NECESSARY)	
HOLE SHAPE	NO. HOLES	DIAM.	INCHES CTR. TO CTR.
Round	3	3/8	4½
POSITION		OTHER (SPECIFY)	
Left			

CHECK DISPOSITION OF	DESTROY
	RETURN
	HOLD IN GPO
	HOLD
TYPE	DROP

18. DISPOSITION OF WORK	PICK UP	CALL	DELIVER TO	DELIVER ACCORDING TO
	<input type="checkbox"/> BY MAIL MESSENGER	<input type="checkbox"/> EXTEN.	<input type="checkbox"/> DISTRIB. SVCS.	<input type="checkbox"/> FOLLOWING DATA <input type="checkbox"/> ATTACHED LIST
	QUANTITY (UNITS)	TO		
	100	M443.2		
	50	ANA-140		
	1	AND-20		

DISTRIBUTION INSTRUCTIONS

19. DISTRIBUTE TO	WASHINGTON HEADQUARTERS	FIELD	MAILING LISTS
	A-W(NN/NA/NR/NC)-3	A-X-1!, A-Y-2!, A-Z-3; FAF-0(LTD)	

<input type="checkbox"/> 20. DIRECT SHIPPING INST. ATTACHED	<input type="checkbox"/> 21. DISTRIBUTE ON RCPT. OF WORK	<input type="checkbox"/> 22. DISTRIBUTE WHEN NOTIFIED	<input type="checkbox"/> 23. FOR INSTRUCTIONS CALL:	FOLD TO:	COPIES
24. ADDITIONAL OR SPECIAL DISTRIBUTION INSTRUCTIONS					
Please return originals to ANA-140.					8½ x 6½
					8½ x 3½
					Self-Mailer
					DIST. CLEAR.

IT IS CERTIFIED THAT THIS WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF THE BUSINESS OF THIS ORGANIZATION, AND THE ILLUSTRATIONS ORDERED ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC BUSINESS				CLEARED BY (SIGNATURE)	
REQUESTING OFFICE (SIGNATURE)		PRINTING REVIEW POINT (SIGNATURE)			
ROUTING SYMBOL	AND-20	DATE		ROUTING SYMBOL	DATE

PRINTING, BINDING, AND DELIVERY INSTRUCTIONS

DISTRIBUTION INSTRUCTIONS

1 PLANNING COPY

**STANDARD OPERATING PROCEDURE
FAA AND OUT-OF-AGENCY TRAINING REQUESTS**

This SOP is to establish procedures for training requests within the AND complex.

Each office has a training coordinator who is the focal point for processing training requests. Each office will maintain a library of training catalogs and material for your convenience and information.

FAA Form 3000-13, Training Requests/Assignment, should be submitted to your training coordinator for AHR-140 scheduled courses. These forms should be submitted at least 3 weeks prior to the class starting date (sample attached). Request, Authorization, Agreement, and Certification of Training, Standard Form (SF) 182, should be completed and submitted to your training coordinator at least 6 weeks prior to the beginning of the course for out-of-agency training. If this deadline is not met, AHR will not accept the training request. Training forms may be handwritten. The first- and second-level supervisors must approve all training. A sample of the SF 182 is also attached.

After the completion of an out-of-agency training course, the supervisor and employee must discuss the course and complete a training evaluation which will be provided to you by the training coordinator. As outlined in Order 3000.6B, Training, Sup 1, Section 10-S-1, a training evaluation should be submitted to AHR-140 (through your training coordinator) within 30 workdays after completion of the course.

The following is a list of the AND training coordinators:

Karen Miller Long, AND-20
Linda Miller, AAP-10
Veronica Bland, ANA-1
Jacqueline Haselrig, ANC-1
Cynthia Buckmon, ANN-100
Janice Kennedy, ANR-1
Mary Kay Born, ANW-1

Attachments

TRAINING REQUEST/ASSIGNMENT			
1. TYPE OF REQUEST <input checked="" type="checkbox"/> NOMINATION <input type="checkbox"/> CANCELLATION <input type="checkbox"/> CHANGE — REPLACES (Name, SSN):			
SECTION A — TRAINING COURSE INFORMATION			
2. COURSE NUMBER 01254	3. COURSE TITLE Staff Work		
4. CLASS NUMBER 80001	5. TRAINING DATES <i>(Write year, month, day)</i> BEGINNING: 88-01-02 ENDING: 88-01-07		
6. TRAINING ORGANIZATION <i>(Check one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FAA ACADEMY (AD) <input type="checkbox"/> APT-300 (OT) <input type="checkbox"/> TSI (TS) </div> <div> <input type="checkbox"/> MTS (MT) — ALSO COMPLETE ITEM 11, BELOW <input checked="" type="checkbox"/> REGION <i>(Region Code)</i> <input type="checkbox"/> OUT-OF-AGENCY </div> </div>			
SECTION B — TRAINEE INFORMATION			
7. NAME <i>(Last, First, Middle Initial)</i> ROBINSON, L. Christopher (General Engineer, GS-14)			8. SOCIAL SECURITY NUMBER XXX-XX-XXXX
9. EMPLOYMENT STATUS <input checked="" type="checkbox"/> FAA <input type="checkbox"/> NON-FAA <input type="checkbox"/> NON-FAA ENROLLMENT CODE		10. COMPLETE OFFICE MAILING ADDRESS <i>(Trainee)</i> Federal Aviation Administration 800 Independence Avenue, SW, Rtg. Symbol Washington, DC 20591	
11. MTS INFORMATION <i>(If MTS checked under item 6, above)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> DIET CODE —> SPECIAL NEEDS: <input type="checkbox"/> ASSIGNMENT CODE </div>			
SECTION C — USE PER REGIONAL INSTRUCTIONS			
SECTION D — CERTIFICATION/AUTHORIZATION			
12. Certifications <input checked="" type="checkbox"/> I certify this assignee has met all the prerequisites for this course as published in agency directives. <input type="checkbox"/> This assignee does not meet the specified prerequisites for this course. A justification for a waiver request is attached. <input type="checkbox"/> I certify all selection criteria have been met as published in agency directives and assignee has been given pre-course counseling.			
13. COMPLETE MAILING ADDRESS <i>(Requesting/Assigning Official)</i> Federal Aviation Administration Your Organization Title, Rtg. Symbol 800 Independence Avenue, SW Washington, DC 20591			14. TELEPHONE NUMBER <i>(Include Area Code)</i> 202-267-8888
15. SIGNATURE REQUESTING/ASSIGNING OFFICIAL Robert Brown, Manager, Your Organization Title, Rtg. Symbol			16. DATE
SECTION E — CONFIRMATION			
<input type="checkbox"/> ASSIGNMENT CONFIRMED AS REQUESTED. SPECIAL REPORT- ING INSTRUCTIONS:		<input type="checkbox"/> REQUEST CANNOT BE CONFIRMED AT THIS TIME. REMARKS:	
17. SIGNATURE TRAINING BRANCH REPRESENTATIVE		18. TELEPHONE NUMBER	19. DATE

FAA Form 3000-13 (3-76) SUPERSEDES PREVIOUS EDITION

- Please review Privacy Act certification on reverse of this form and comply with provisions of P.L. 93-579 (Privacy Act of 1974).
- Instructions for completing this form are contained in FAA Order 3000.16.
- Please apply appropriate Privacy Act safeguards for records in handling and maintaining this form.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code agency subelement and submitting office number <small>(Example—xx-xx-xxxx)</small>		01		B. OFFICE USE ONLY																								
								C. Request status (Mark (X) one)																								
								<input type="checkbox"/> Initial or Resubmission		<input type="checkbox"/> Correction or Cancellation																						
Section A—TRAINEE INFORMATION																																
1. Applicant's name (Last-First-Middle Initial) RAY, Caroline				03		2. Social Security Number XXX-XX-XXXX		04		3. Date of birth (Year and month) XX/XX <small>(Example—born January 14, 1943 shown as 43/01)</small>																						
4. Home address (Number, street, city, State, ZIP code) 624 O Street, SE Washington, DC 20061				5. Home telephone Area code Number 202 584-3216		6. Position level (Mark (X) one only)		<input checked="" type="checkbox"/> a. Non-supervisory		<input type="checkbox"/> c. Manager																						
7. Organization mailing address (Branch-Division / Office / Bureau / Agency) (Your Organization)				8. Office telephone Area code Number Extension XXX XXX XXXX		9. Continuous civilian service Years Months XX XX		10. Number of prior non-government training days 3yrs																								
11a. Position title / function (Your Position)				11b. Applicant handi-capped or disabled <small>(See instructions)</small>		12. Pay plan / series / grade / step (Your grade)		13. Type of appointment Career		14. Education Level 08																						
Section B—TRAINING COURSE DATA																																
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code) Office Personnel Management Training Ctr P.O. Box 7230, Washington, DC 20044						15b. Location of training site (If same, mark box) <input type="checkbox"/> Thomas Circle Training Contact 1121 Vermont Ave., NW Wash., DC 20001																										
16. Course title and training objectives (Benefits to be derived by the Government)																																
17. Catalog / Course No		18. Training period (6 digits)		06		19. No. of course hours (4 digits)		07		20. Training codes (See instructions)																						
		Year Month Day a. Start 92 05 11 b. Complete 92 05 13		a. During duty 0024 b. Non-duty -0- c. TOTAL 0024		Code Code a. Purpose 03 08 c. Source 2 10 b. Type 04 09 d. Special interest 0 11																										
AGENCY USE ONLY																																
Section C—ESTIMATED COSTS AND BILLING INFORMATION						Section D—APPROVALS																										
21. Direct costs and appropriation / fund chargeable						26a. Immediate supervisor—Name and title XXXXXX X. XXXXXX XXXXXX XXXXXXXX XXXXXX																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Item</th> <th colspan="2">Amount</th> <th rowspan="2">Appropriation / fund</th> </tr> <tr> <th>Dollars</th> <th>Cents</th> </tr> <tr> <td>a. Tuition</td> <td>\$ 440</td> <td>00</td> <td rowspan="4">W201.0/9320/81D 2555</td> </tr> <tr> <td>b. Books or materials</td> <td>-0-</td> <td></td> </tr> <tr> <td>c. Other (Specify)</td> <td>-0-</td> <td></td> </tr> <tr> <td>d. (Enter 4 digits in dollar column) 12</td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td>\$ 440</td> <td>00</td> <td></td> </tr> </table>			Item	Amount		Appropriation / fund	Dollars	Cents	a. Tuition	\$ 440	00	W201.0/9320/81D 2555	b. Books or materials	-0-		c. Other (Specify)	-0-		d. (Enter 4 digits in dollar column) 12			TOTAL		\$ 440	00					b. Signature _____ Date _____		
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	Dollars	Cents																														
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b. Books or materials	-0-																															
c. Other (Specify)	-0-																															
d. (Enter 4 digits in dollar column) 12																																
TOTAL		\$ 440	00																													
22. Indirect costs and appropriation / fund chargeable						27a. Second-line supervisor—Name and title XXXXX X. XXXXX XXXXXX XXXXXX																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Item</th> <th colspan="2">Amount</th> <th rowspan="2">Appropriation / fund</th> </tr> <tr> <th>Dollars</th> <th>Cents</th> </tr> <tr> <td>a. Travel</td> <td>\$ 0035</td> <td>00</td> <td rowspan="4">(Taxi Fare) Organization's Appropriation Code</td> </tr> <tr> <td>b. Per diem</td> <td></td> <td></td> </tr> <tr> <td>c. Other (Specify)</td> <td></td> <td></td> </tr> <tr> <td>d. (Enter 4 digits in dollar column) 13</td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td>\$ 0035</td> <td>00</td> <td></td> </tr> </table>			Item	Amount		Appropriation / fund	Dollars	Cents	a. Travel	\$ 0035	00	(Taxi Fare) Organization's Appropriation Code	b. Per diem			c. Other (Specify)			d. (Enter 4 digits in dollar column) 13			TOTAL		\$ 0035	00					b. Signature _____ Date _____		
Item	Amount			Appropriation / fund																												
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c. Other (Specify)																																
d. (Enter 4 digits in dollar column) 13																																
TOTAL		\$ 0035	00																													
23. Document / Purchase Order / Requisition No 33/91/0000040/000						28a. Training officer—Name and title XXXXX XXXXXX Training Officer, XXXX																										
24. 8-Digit station symbol <small>(Example—72-34-5678)</small>						29a. Authorizing official—Name and title Employee Relations & Career Develop. Br. AHR-140																										
25. BILLING INSTRUCTIONS (Furnish invoice to): Department of Transportation Federal Aviation Administration Accounts Payable Branch, AAA-224 Washington, DC 20591						b. Signature _____ Date _____																										
TRAINING FACILITY <input type="checkbox"/> Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.						Section E—APPROVAL / CONCURRENCE																										
						30a. Certifying official—Name and title																										
						b. Signature _____ Date _____																										
						Section F—CERTIFICATION OF TRAINING COMPLETION																										

Copy 1—AGENCY (TRAINING/PERSONNEL FOLDER)

NSN 7540-01-008 3901 Previous edition usable

182 106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

**STANDARD OPERATING PROCEDURE
ADMINISTRATOR'S EXECUTIVE SPEAKING ENGAGEMENT TRACKING SYSTEM**

Effective November 26, 1990, all speaking commitments of AMT members and other senior executives must be reported to the Office of Public Affairs (APA) every other Monday.

This tracking system is intended to reflect important speaking engagements, not attendance at events.

Attachment 1 is the data entry form user instructions with the form attached. This form can be xeroxed. When the form is forwarded to APA-1 please provide a copy to AND-1 and AXD-1.

Listed below are the scheduled due dates through December 1992:

March 9	August 10
March 23	August 24
April 6	September 7
April 20	September 21
May 4	October 5
May 18	October 19
June 1	November 2
June 15	November 16
June 29	November 30
July 13	December 14
July 27	December 28

Attachment

EXECUTIVE SPEAKING ENGAGEMENT TRACKING SYSTEM DATA ENTRY FORM

User Instructions

PURPOSE

The Executive Speaking Engagement Tracking System Data Entry form is used by the AMT to maintain relevant information pertaining to significant speaking engagements by senior executives.

PROCEDURES

Use a typewriter or black pen to complete all requested information. Complete a separate entry for each speaking engagement. Entries should be made for speaking engagements scheduled for the next three months.

Submit completed form(s) to the Office of Public Affairs, APA-1.

- 1) **Submitted:** By The first and last name of the person completing the form.
- 2) **Date** The current date in MM/DD/YY format. (e.g., 07/13/90)
- 3) **New, Update, Delete** If this is a new entry, place a check mark in the box designated New; If this is an update to a previous entry, place a check mark in box designated Update; If this entry is to be deleted from the system, place a check mark in the box designated Delete.
- 4) **Speech: Date** The date of the speaking engagement in MM/DD/YY format.
- 5) **Time** The time the presentation will begin in HH:MM am/pm format. (e.g., 09:00 am or 12:30 pm)
- 6) **Speaker: First** The first name of the speaker. **Last** The last name of the speaker. **Routing** The routing symbol of the speaker.
(e.g., Hugh O'Neill APA-1)
- 7) **Host Organization:** The name of the organization where the engagement is to be held. (e.g., EAA, AOPA, GAMA)
- 8) **Subject:** A brief description of the subject or title of the presentation. (e.g., The History of Aviation in the United States: 1900 to 1990)

**Executive Speaking Engagement Tracking System
Data Entry Form - Instructions, Continued**

- 9) **FAA Contact Name:** First and last name of person to contact at FAA site for additional information or in case of an emergency. Phone Area code and phone number of FAA contact person in (XXX) XXX-XXXX format.
- Host Contact Name:** First and last name of person to contact at Host site for additional information or in case of an emergency. Phone Area code and phone number of Host contact person in (XXX) XXX-XXXX format.
- 10) **Location:** City Full name (do not abbreviate) of the city where engagement is to be held. State Two-letter abbreviation of state where engagement is to be held.
- 11) **Audience:** Makeup Briefly describe the group of people to whom the presentation will be made. (e.g., aviation manufacturers, industry representatives). Size The approximate number of people in the group.
- 12) **News Media Expected (Y/N)** If news media is expected, place a Y in the box, if news media is not expected or arrival is unknown, place a N in the box.
- 13) **Type of Speech** (e.g., keynote, guest, luncheon, banquet)
- 14) **Other Information** Include any additional pertinent information.

Executive Speaking Engagement Tracking System
Data Entry Form

Submitted: By Date

New ☐ Update ☐ Delete ☐

Speech: Date (MM/DD/YY) Time (HH:MM am/pm)

Speaker: First Last Routing

Host Organization

Subject

FAA Contact Name Phone
Host Contact Name Phone

Location: City State

Audience: Makeup Size

News Media Expected ☐ (Y/N) Type of Speech

Other Information

**STANDARD OPERATING PROCEDURE
REQUESTS FOR TECHNICAL INSTRUCTION (TI)
BOOK NUMBERS**

All requests for TI numbers must be submitted to Kathy Randall, AND-20. The requester should provide the following information:

1. Subject classification number (refer to Order 0000.1, FAA Standard Subject Classification System).
2. Instruction book title.
3. Contract number.
4. Contractor's company name/address.

A sample route slip is provided in attachment 1 and a sample printing request and the distribution list are provided in attachment 2 for your information and use.

Attachment

FEDERAL AVIATION ADMINISTRATION ROUTE SLIP	DATE: 9/26/91
TO: Kathy Randall	ROUTE SYMBOL AND-20
SUBJECT: Request for Technical Instruction (TI) Number	
<p>A TI number assignment is requested for the following instruction book:</p> <p>TITLE: Solid State Single Channel Digital Recorder/Reproducer System.</p> <p>TYPE NO.: FA-10146</p> <p>SUBJECT CLASS. NO.: 6620.</p> <p>CONTRACT: DTFA01-86-C-00022</p> <p>CONTRACTOR: RMS Technology, Inc. Newport News, VA</p>	
NAME & TITLE: Andy Michel Project Manager	
SIGNATURE:	ROUTE SYMBOL ANC-120

LOGGED IN BY

Shaded areas for OST Printing Branch use

1. PERSON TO CONTACT ABOUT THIS WORK Originator's name				ROUTING SYMBOL Originator's routing symbol		TELEPHONE NO. ✓		2. AGCY. LYRS. FAA		3. REQUISITION No.	
4. TITLE OR DESCRIPTION OF WORK TI number and title and NSN						FORM NO. OR GPO PROGRAM NO.		RIDER <input type="checkbox"/> REQUEST		GPO REQ. No.	
5. PAGES (Not Sheets) OF MATERIAL SUBMITTED						6. QUANTITY (UNITS OF FINISHED PROD)					
MANUSCRIPT		NEGS./POS.		CAMERA COPY		TOTAL		FINISHED PRODUCT UNIT			
				count each pg place total in blocks				<input checked="" type="checkbox"/> BOOKS OR PAMPHLETS <input type="checkbox"/> FOLDERS <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> BLANK BOOKS <input type="checkbox"/> SETS <input type="checkbox"/> BLANK FORMS (SHEETS) <input type="checkbox"/> PADS OR TABLETS			
7. APPROPRIATION X01.0/1150/973/2411						8. EST. COST (AGCY.)		EST. COST		ACTUAL COST	
										9. DATE WANTED AT DESTIN.	

PRINTING, BINDING, AND DELIVERY INSTRUCTIONS

10. PAPER				11. INK	
KIND	SUB.	FINISHED SIZE	COLOR	COLOR	COLOR NO.
TEXT JCPA60	100	8½ x 11	white	black	
COVER JCPQ50	200	8½ x 11	tan	black	
OTHER (SPECIFY) JCPE20	40	various x 11	white	black	
12. PROOFS NO YES WANTED <input checked="" type="checkbox"/> <input type="checkbox"/>			13. PRINT		
INDICATE HOW AND HOW MANY OF EACH GALLEY PAGE REPRO			<input type="checkbox"/> ONE SIDE ONLY <input checked="" type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO SIDE (SEE SAMPLE)		
15. GATHER (Assemble)			14. FOLD TO		
<input type="checkbox"/> AS PAGED <input checked="" type="checkbox"/> OTHER (SPECIFY) Follow circle folio			<input type="checkbox"/> PERF. <input type="checkbox"/> 4 SIDES <input type="checkbox"/> PASTE		
16. PUNCH OR DRILL			17. ADDITIONAL OR SPECIAL PRINTING AND BINDING INSTRUCTIONS (USE ADDITIONAL SHEETS IF NECESSARY)		
HOLE SHAPE round NO HOLES 5 DIAM. 3/8 INCHES CTR. TO CTR. 2 1/8 POSITION left			STITCH (NO. OF STAPLES) ✓ POSITION <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> SADDLE <input type="checkbox"/> TOP <input type="checkbox"/> UPPER LEFT		
			CHECK DISPOSITION OF TYPE NEGS. <input checked="" type="checkbox"/> DESTROY <input type="checkbox"/> RETURN <input type="checkbox"/> HOLD IN GPO <input type="checkbox"/> HOLD <input type="checkbox"/> DROP		

18. DISPOSITION OF WORK	PICK UP		DELIVER TO		DELIVER ACCORDING TO	
	<input type="checkbox"/> BY MAIL MESSENGER <input type="checkbox"/> CALL EXTEN.		<input checked="" type="checkbox"/> DISTRIB. SVCS.		<input type="checkbox"/> FOLLOWING DATA <input type="checkbox"/> ATTACHED LIST	
	QUANTITY (UNITS)	TO				

DISTRIBUTION INSTRUCTIONS

19. DISTRIBUTE TO	WASHINGTON HEADQUARTERS		FIELD		MAILING LISTS		
					Mailing list attached (5 cys)		
<input type="checkbox"/> 20. DIRECT SHIPPING INST. ATTACHED		<input checked="" type="checkbox"/> 21. DISTRIBUTE ON RCPT. OF WORK		<input type="checkbox"/> 22. DISTRIBUTE WHEN NOTIFIED		<input type="checkbox"/> 23. FOR INSTRUCTIONS CALL:	
24. ADDITIONAL OR SPECIAL DISTRIBUTION INSTRUCTIONS							FOLD TO:
Return original to: FAA/ASM-600							8½ x 5½
Mike Monroney Aeronautical Center							8½ x 3½
6500 S. MacArthur Blvd.							Self-Mailer
Oklahoma City, Oklahoma 73125							DIST. CLEAR.
IT IS CERTIFIED THAT THIS WORK IS AUTHORIZED BY LAW AND NECESSARY TO THE CONDUCT OF THE BUSINESS OF THIS ORGANIZATION, AND THE ILLUSTRATIONS ORDERED ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC BUSINESS.				CLEARED BY (SIGNATURE)			
REQUESTING OFFICE (SIGNATURE)				PRINTING REVIEW POINT (SIGNATURE)			
ROUTING SYMBOL AND-20		DATE		ROUTING SYMBOL		DATE	

MAILING LIST FOR INSTRUCTION BOOK - TI

<u>ADDRESS</u>	<u>QUANTITY</u>
Department of Transportation Mark for: Req. _____ Planning Section, M-482.1 400 7th Street, SW Washington, DC 20591	1
DOT Library, M-494 800 Independence Avenue, SW Washington, DC 20591	2
FAA/Mike Monroney Aeronautical Center, AAC-65C Mark for: AAC-440(1); AAC-940(25); AAC-1002(2) P.O. Box 25082 Oklahoma City, OK 73125	28
FAA/Mike Monroney Aeronautical Center, AAC-434 Mark for: AAC-480, Operating Stock P.O. Box 25082 Oklahoma City, OK 73125	200
FAA (Originator's Office) 800 Independence Avenue, SW Washington, DC 20591	5
FAA/Alaskan Region, AAL-52 Mark for: AAL-400 (2) 701 C Street, Box 14 Anchorage, AL 99513	2
FAA/Central Region, ACE-52 Mark for: ACE-400(3) 601 E 12th Street Federal Building Kansas City, MO 64106	3
FAA/Eastern Region, AEA-54 Mark for: AEA-400(3) JFK International Airport Fitzgerald Federal Building Jamaica, NY 11430	3
FAA/Great Lakes Region, AGL-53 Mark for: AGL-400(3) O'Hare Lake Office Center 2300 East Devon Avenue Des Plaines, IL 60018	3

TI _____

<u>ADDRESS</u>	<u>QUANTITY</u>
FAA Technical Center, ACN-41A.4 Atlantic City International Airport Atlantic City, NJ 08405	2
FAA/New England Region, ANE-52 Mark for: ANE-400(2) 12 New Executive Park Burlington, MA 01803	2
FAA/Northwest Mountain Region, ANM-52 Mark for: ANM-400(2) 17900 Pacific South C-68916 Seattle, WA 98168	3
FAA/Southern Region, ASO-52 Mark for: ASO-400(2); Balboa Area Office (1); San Juan Area Office (1) P. O. Box 20636 Atlanta, Georgia 30320	4
FAA/Southwest Region, ASW-52 Mark for: ASW-400(2) 4400 Blue Mound Road Ft. Worth, Texas 76193-0000	2
FAA/Western-Pacific Region, AWP-52 Mark for: AWP-400(3) P.O. Box 92007 Worldway Postal Center Los Angeles, CA 90009	3

TOTAL COPIES _____

**STANDARD OPERATING PROCEDURE
REQUESTS FOR FAA PUBLICATIONS/FORMS**

Requests for FAA documents can be ordered directly from the DOT Warehouse and from the Documentation Control Center. All requests must be in writing to the following for NAS-related specifications or standards (limit 5 copies):

Martin Marietta Air Traffic Systems Documentation Control
Center (DOCCON)
475 School Street S.W., ASE-621
Mail Stop WDC-V54
Washington, D.C. 20024
FAX-(202)646-5300 FTS-967-5300
(202)646-2047 (FTS)967-2047

Complete FAA Form 1720-11, Publication Request, to order FAA documents/forms from the DOT Warehouse and submit to:

Department of Transportation/OST
Utilization and Storage Section, M443.2
400 Seventh Street, S.W.
Washington, D.C. 20590

STANDARD OPERATING PROCEDURE OPERATIONS BUDGET

This SOP is to establish procedures for the operations budget in the AND complex. The importance of proper management of our operations budget cannot be stressed too strongly. Over obligation or over expenditure of an allowance could result in disciplinary action.

If we, in the true spirit of TQM, work together, we can manage and control our funds in a responsible manner. The following guidance is provided in order to effectively manage these funds and stay within our allowance.

Program Directors are responsible for providing input to the AND Operations budget in accordance with the Annual Call for Estimates.

Financial Management Staff, AND-10, is responsible for finalizing budget inputs and providing a consolidated response to the Call for Estimates.

When allowances are received, AND-10 will issue funds, by object code, to each program director.

Program Directors are responsible for managing within their allowances.

AND-10 is responsible for formulating the quarterly and yearly financial plans, tracking commitments and obligations, performing quarterly reviews, providing monthly and quarterly reports to program directors, adjusting allowances as necessary, and performing year-end close out. In order for AND-10 to perform these functions, certain procedures need to be adhered to, and the program directors must provide information as follows:

1. Annual travel orders should be kept to a minimum - issued only to employees who are expected to travel at least twice a month. At the end of each quarter, program directors will take action to deobligate any unused portion of the quarterly obligation for each annual order. A copy of the correspondence to the Office of Accounting (AAA) should be provided to AND-10.
2. AND-10 will number all procurement requests (PR) and travel orders.

This is not an attempt to usurp the authority of the program directors nor will it delay processing. Within AXD, we are required to use an automated financial

management system (OPSFMS). This system tracks expenditures, computes obligations and unobligated fund balances, and provides PC&B projections for the fiscal year. The system automatically assigns PR and travel order numbers. Numbers assigned by other offices do not correspond to and cannot be used in the OPSFMS. The only way to log these documents into the system is to assign each document a number from the OPSFMS. Records from the OPSFMS must be validated, every month, against the DAFIS. The documents are listed in the DAFIS with the numbers from the originating office, thus, validation becomes very difficult and time consuming.

AND-10 will provide travel order numbers via the telephone and the originating office will send AND-10 a copy of the order. This method is currently in use and has not resulted in processing delays.

PR's must be initialed by AND-10 and signed by APM-110 to certify that funds are available. Certification that funds are available is not approval for the procurement; therefore, this process does not take any authority or responsibility away from the program directors. Numbering PR's in AND-10 will not delay the processing time since PR's must come through the office for initialing.

We are requesting, until all AND offices have access to SAM, that the SAM system not be used for PR preparation. The SAM system automatically assigns PR numbers. A block of numbers is assigned, by the logistics office, at the beginning of each fiscal year for AND use. This block of numbers has been entered into OPSFMS and SAM. Numbers assigned by SAM could be duplicates of numbers assigned by AND-10. Duplicate numbers will cause a processing delay. So, until everyone has access to SAM, and we have worked out a process between OPSFMS and SAM, it will save time and effort if we do not use SAM.

3. APM-110 is responsible for certifying that funds are available by signing block number 5(2) Accounting Certification Officer on PR's. APM will not sign block 5(2) if the PR has not been initialed by AND-10.
4. Provide AND-10 copies of all documents which commit or obligate operations funds. Examples are:
 - a. PR's.
 - b. Purchase orders/contracts.
 - c. SF-1164's Claim for Reimbursement for Expenditures on Official Business.

- d. SF-1165's Receipt for Cash - Subvoucher.
- e. Travel orders.
- f. Travel vouchers.
- g. Awards.
- h. Requests for overtime.
- i. Out-of-Agency training which is not funded from AHR-provided funds.
- j. Memorandum obligating funds for things such as military reimbursables, Federal Express, etc.

In addition to the above, AND-10 needs to be advised of personnel actions. AND-20 and AAP will provide the following information to AND-10 on a monthly basis:

- 1. Retirement - name of employee, effective date of retirement, estimated number of hours of annual leave.
- 2. Resignation - name of employee, effective date of resignation.
- 3. Reassignment/transfer - name of employee, effective date of reassignment/transfer, office to which reassigned/transferred.
- 4. Promotion - name of employee, effective date, new grade and step (if appropriate).
- 5. Temporary promotion/termination of temporary promotion - name of employee, effective date, new grade, step (if appropriate), office to which assigned.
- 6. Detail/termination of detail - name of employee, effective date, office to which assigned.
- 7. Within-grade increase - name of employee, new step, effective date.
- 8. Selection to fill vacancy - identification and location of vacancy to be filled, name of employee, grade/step (if GM, bi-weekly salary), effective date, retirement plan, employment status, if part-time provide number of hours.
- 9. For every vacancy, provide proposed grade and estimated date when vacancy will be filled.

Requests for temporary positions or plans to change the grade of a vacant position should be coordinated by AND-20 and AAP through AND-10 to assure that funds are available.

AND-10 will use this information to track obligations, project usage, and to determine balances. Absence of the information causes inaccurate information to be provided to managers and inability to provide an accurate accounting of the status of funds to upper management. This could result in ABU withdrawing funds from our allowance for use in other organizations.

Program Directors who have a need for additional funds should forward a request to AND-10. If the request is approved, AND-10 will attempt to identify a source of funds. AND-10 will negotiate proposed changes with affected managers, amend the fiscal program, and notify the affected parties of the changes. Program Directors shall report all surplus funds to AND-10 for reprogramming.

At the end of each month, AAA provides information concerning all commitments, obligations, and expenditures which took place during the month. AND-10 will reconcile these items with the "cuff" records. Items for which AND-10 does not have a record will be forwarded to the appropriate program directors for verification. If a valid action, a copy must be provided to AND-10; if not valid, the program director is responsible for taking appropriate action through AAA to correct the accounting records. A copy of the correspondence to AAA needs to be provided to AND-10.

By working together and following the above guidelines, we will be able to effectively and efficiently manage our Operations budget.

STANDARD OPERATING PROCEDURE CIP BACKGROUND PAPER UPDATES

This SOP is to establish procedures for writing and updating background papers on CIP programs for which AND has responsibility.

In order to foster an integrated approach to R&D and F&E, we have compiled a system of background papers on AND, ACT, and ASD programs which are in the CIP. These papers show the current status of these programs and they are updated at 60-day intervals for distribution to ACT, ASD, and other members of the FAA headquarters staff. Each paper provides a one-page executive summary of a particular program prepared by the program manager.

The papers have three parts: "Background," "Discussion," and "Current Status." The opening "Background" paragraph states the purpose of the program. The second "Discussion" section is usually the longest. It develops a chronology of significant events to include problems and recommendations for solution. The final "Current Status" section provides the monthly update. This is usually the only part of the paper that changes when updates are made. This keeps the recurring update workload to a minimum and the reviewing officials do not have to review the whole paper unless they wish to refresh their memory. The papers are maintained in a word processing data base and updates are entered from data provided by the program managers. Original papers should be sent by fax to 267-5639 marked to the attention of Program Management Associates (PMA). Updates should be sent by fax using the previous paper with handwritten or typed comments made to reflect the desired changes. If the updates are typed, the changes made since the last cycle should be underlined. Bear in mind when making updates that the one page limitation for the final product remains. When the new paper is generated, the new, changed material will be underlined. These should be your "hot button" items for the program to be of maximum value.

Papers should be prepared in the format shown in attachment 1. Updates are due the first Friday of January, March, May, July, September, and November. They should be closed out as of the first of the respective month. Questions or suggestions for improving the process should be directed to AND-7 at 267-8711.

Attachment

BACKGROUND

- The TDWR will be used to provide alerts of hazardous weather conditions, especially windshear, in the terminal area. The products initially provided by this system are microburst detection, gust front detection, wind shift prediction, and precipitation intensity. Windshear warning data will be displayed to controllers in a format that can be read to pilots without the need for interpretation. In addition, weather data will be displayed to Air Traffic supervisors in a geographical format for planning purposes to reduce weather-related delays.

DISCUSSION

- A contract was awarded to Raytheon Company for the design, fabrication, and installation of 47 TDWR units.
- Operational demonstrations of TDWR have been conducted in Denver, Kansas City, and Orlando. In addition to these locations, windshear data has been collected in Memphis and Huntsville.
- TDWR locations were selected using a cost benefit analysis that considered thunderstorm days, passenger count, traffic count, and 20-year projections of traffic count.
- The TDWR is fully compatible with the Remote Maintenance Monitoring System.
- The TDWR will interface with the Advanced Automation System.
- Future TDWR products include microburst prediction, storm movement prediction, tornado detection, and turbulence detection.

CURRENT STATUS

- A production TDWR was delivered to the FAA Aeronautical Center 12/91.
- Completion of software testing is planned for 3/92.
- Completion of system testing is planned for 4/92.